香港社會服務聯會
The Hong Kong Council of Social Service

Family 愛+人
健康康樂 開開心心 和和氣氣
Health Happiness Harmony
賽馬會和諧社會計劃
A Jockey Club Initiative for a Harmonious Society

SCHOOL OF PUBLIC HEALTH
THE UNIVERSITY OF HONG KONG
香 港 大 學 公 共 衞 生 學 院

FAMILY: A Jockey Club Initiative for a Harmonious Society
愛 + 人：賽馬會和諧社會計劃

REPORT SERIES

Community-based Participatory Projects

Evaluation on Happy Family Kitchen I Project

快樂家庭廚房 Happy Family Kitchen

捐助機構
Funded by:

香港賽馬會慈善信託基金
The Hong Kong Jockey Club Charities Trust

3Hs • HEALTH • HAPPINESS • HARMONY • 家有康和樂 • 健康 • 快樂 • 和諧

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PROJECT TEAM

Project Title:
A "Happy Family Kitchen" Initiative for Promoting FAMILY Health, Happiness and Harmony in Yuen Long district (Happy Family Kitchen I)

Funder:
The Hong Kong Jockey Club Charities Trust

Organizers:
The Hong Kong Council of Social Service in collaboration with School of Public Health of The University of Hong Kong

Project Steering Committee (Sep 2010 - Nov 2011):
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Ms. WONG Wai Yu, Angela (till Oct 23, 2012)
Mr. YAU Yue Chi, Isaac

PREFACE (1)

Being the largest community benefactor in Hong Kong, The Hong Kong Jockey Club increasingly takes proactive approach to tackling pressing social issues through its unique not-for-profit business model and Charities Trust. The wide range and diversity of projects and programmes reflect the Club's role as a "Force for Good" in society. To ensure their maximum reach and effectiveness, we work closely with non-governmental organisations ("NGOs"), district organisations and other parties across Hong Kong as trusted community partners, helping to fill gaps in a number of important areas and support needy groups across different parts of the city.

In recent years, our society is undergoing rapid changes together with macro social and economic trends. Demographic shifts, economic upheavals, changing societal norms and values together with immigration across borders are creating new and altered structures, processes and relations within families. The family structure has become more complex and diverse, creating a range of discords to family life.

To address these social issues, The Hong Kong Jockey Club Charities Trust earmarked HK$250 million in 2007 to launch a citywide project – "FAMILY: A Jockey Club Initiative for a Harmonious Society". Led by the School of Public Health of The University of Hong Kong, the project has been carrying out a six-year territory-wide household survey, developing intervention projects, as well as conducting a wide range of community participatory programmes. By adopting a positive preventive and public health approach, the project aims at devising suitable preventive measures and to strengthen and promote the 3Hs for a family: health, happiness and harmony.

The "Happy Family Kitchen I Project" was successfully implemented in Yuen Long District in 2011 by a collaboration between The Hong Kong Council of Social Service and the School of Public Health of The University of Hong Kong, with the participation of over 19 NGOs, schools, community groups and government department in the district. Through this report, we hope to promote family communication, relationships and 3Hs, as well as to demonstrate that simple interventions can be effective in promoting positive family communication and family well-being.

On behalf the Club, I would like to thank The Hong Kong Council of Social Service, the Yuen Long District Social Welfare Office of Social Welfare Department, and various social service units/community organisations, schools and government agencies involved in the project, for their enormous support which enabled the project to be carried out smoothly. I would also like to thank the School of Public Health of The University of Hong Kong for its unfailing support and advice since the inception of the project, striving to spread the 3Hs to the community.

Mr. Douglas SO
Executive Director, Charities
The Hong Kong Jockey Club

PREFACE (2)

Hong Kong people have a very busy life and can hardly afford the time to communicate with their family members. Meal time may be the only time available to spend with family members in a typical day. However, many people tend to bring their stress gathered from work or studies to the dining table and this lessens the fun and laughter from the conversations. Everyone appeared as if they do not know each other despite dining on the same table.

This is not the type of family life which we hope to see and we believe that Positive Psychology will be able to bring about the motivation energy which families need to improve their family relationships and strengthened family ties such that every family can become the pillar of support for each other. Hence, The Hong Kong Council of Social Service, in collaboration with the School of Public Health of The University of Hong Kong, with the funding from The Hong Kong Jockey Club Charities Trust, embarked on the Happy Family Kitchen I Project.

Based on the concepts of Positive Psychology, the Happy Family Kitchen Project had developed the "Five-Taste Model", making use of cooking and dining environments as a platform to encourage positive family communication, so as to help building a healthy, happy and harmonious family culture in Hong Kong. The "Five-Taste Model" includes Eat Happily, Eat with Indulgence, Eat with Gratitude and Praise, Eat Enjoyably and Eat Healthily.

We hope to promote the concept of having family orientated programmes among the social service sector which includes 23 service units catering to youth, elderly, rehabilitees, families and others. This will allow families to have a chance to learn as a family and put into practice what they have learnt.

This project collaborated with over 23 NGOs, schools, community groups and government department in Yuen Long. This research report collated the valuable inputs from all the participated NGOs, rigorous evaluations by The University of Hong Kong to measure the effectiveness of the project as well as effective models for future programme design and development.

On behalf of The Hong Kong Council of Social Service, I would like to thank The Hong Kong Jockey Club Charities Trust, The University of Hong Kong, Social Welfare Department, 23 social service units, schools and districts for their great contribution to this project. I hope that we can continue to spread the good works of this project and further strengthen families' relationships in Hong Kong.

Mr. CHUA Hoi Wai
Chief Executive
The Hong Kong Council of Social Service

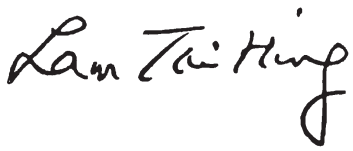
PREFACE (3)

Family is the elementary building block of any society. Harmonious society cannot be built without positive family relationship. Nowadays in Hong Kong, however, the diminishing traditional family values, the long working hours and stressful urban lifestyle pose great hindrances to positive family communication.

In view of this, The Hong Kong Jockey Club Charities Trust, initiated and donated HK$250 million to fund and launch a citywide project entitled "FAMILY: A Jockey Club Initiative for a Harmonious Society", in collaboration with the School of Public Health of The University of Hong Kong. The project aims at identifying the sources of family problems, devising cost-effective preventive measures and promoting FAMILY Health, Happiness and Harmony (3Hs) through a territory-wide household survey, a variety of intervention projects and extensive public education.

Happy Family Kitchen project, in partnership with The Hong Kong Council of Social Service, is one of the major intervention projects under the FAMILY Project. By adopting the Community-based Participatory Research (CBPR) model, the Happy Family Kitchen used the public health approach for project planning, implementation and evaluation on one hand, and gathered the power of social welfare organizations, local groups, schools and government departments to benefit the families through the best social work practice on the other hand. The project is thus regarded as a ground-breaking initiative in Hong Kong which integrates "Best Science" and "Best Practice" to generate the "Best Evidence".

The first version of the Happy Family Kitchen project (Yuen Long district) has been completed with a great success. I wish that through this report, the findings and experiences can be shared with the community partners and other stakeholders, and the message of "Positive dining and eating with your family" can be spread across the territory, which will result in changes that are conducive to building positive family communication and promoting FAMILY 3Hs.



Professor LAM Tai Hing
Principal Investigator, FAMILY: A Jockey Club Initiative for a Harmonious Society
Sir Robert Kotewall Professor in Public Health
Chair Professor of Community Medicine, School of Public Health, The University of Hong Kong

FAMILY: A JOCKEY CLUB INITIATIVE FOR A HARMONIOUS SOCIETY

BACKGROUND & OBJECTIVES

- Family is the base of every society. No harmonious society can be built without loving family relationships. However, traditional family values inevitably start to change when a society becomes more economically, socially and educationally advanced, as is the case in today's Hong Kong, and many family discord cases emerge.
- To help build a more harmonious society, The Hong Kong Jockey Club Charities Trust has invited the School of Public Health of The University of Hong Kong to collaboratively launch a project entitled "The FAMILY Project" with a HK$250 million funding.
- The project is based on the premise that traditional Chinese values of cherishing family relationships can still be adapted to modern-day life, and can help promote the 3Hs – Health, Happiness and Harmony – across generations. It is preventive in nature, rather than trying to rectify family problems.

THE PROGRAMME

- The project comprises three components:

1. TERRITORY-WIDE HOUSEHOLD SURVEY

The survey focuses on the family as a unit. The survey uses a public health approach that brings together various scientific disciplines such as medical, behavioural and social sciences (including psychology and social work), epidemiology, biostatistics, and environmental science. It links social practices, medicine, education, journalism and the media so as to identify the source of domestic problems and derive a preventive response that is complementary, wide-reaching, pervasive, and cost-effective. Government and other related organisations will be able to use the information and evidence to formulate long-term public policies and programmes.

1.1 Scope and duration:

- The following data were collected: personal and family particulars, lifestyles (such as eating and physical activities), physical and psychological health, happiness index, family harmony index, religious beliefs, neighbourhood relationships, work status, and use of medical and social resources, etc.
- The survey lasted for 6 years. The first household visit was conducted from March 2009 to May 2011. A total of 20,964 households (with 47,697 individuals) were successfully enumerated. The second household visit started in July 2011 to re-visit the households, and was completed in 2014.

1.2 Sample selection:

- A total of 20,964 households were enumerated. In order to reflect the situation in different stages of life span and community development, other than households from the general population, 5 targeted populations were sampled: 1) newly weds; 2) households with Primary One students living in Sham Shui Po, Kwun Tong, Hong Kong East and Hong Kong South; 3) people with recent health shocks (e.g. cancer, stroke, and coronary heart disease); 4) households living in Tung Chung, Tin Shui Wai or Tseung Kwan O; and 5) a random sample of single-member households.

1.3 Research methods:

- During the survey period, fieldworkers have conducted 2 household visits and in-between telephone and web-based follow-ups. Data collected were treated in strict confidentiality.

1.4 All participating households have became members of the "1% Club" and are eligible for all privileges, including free health information services; free access to an e-health platform which can generate real-time personalised health assessment based on the personal health data given (e.g. blood pressure index); and receive updates of the survey's progress on a regular basis.

2. INTERVENTION PROJECTS

2.1 Five pilot intervention projects were completed, in partnership with four non-governmental organisations (NGOs) and the Department of Health.

2.2 The intervention projects, developed by the various project partners in collaboration with School of Public Health, The University of Hong Kong (SPH) were designed in accordance with public health principles to be cost-effective and sustainable. Each intervention was theory-based with clearly defined, measurable and achievable objectives, was short in duration (four to five sessions), and was brief (two to three hours a session). Participants were encouraged and empowered to practice key parenting skills at home. In order to enhance the programme's sustainability and cost effectiveness, the programmes were delivered by experienced community social workers.

2.3 Pilot studies of the five intervention projects with 2 major objectives of enhancing family and parent-child relationships were conducted in 2009 and early 2010 in 13 different districts of Hong Kong. The targeted participants included families with pregnant women and children in primary school. About 100 to 150 families were involved in each project. Changes in participants' behaviour and attitudes for the study-specific outcomes, as well as the interventions' effectiveness in enhancing FAMILY 3Hs, were evaluated by follow up surveys and qualitative methods (focus groups and in-depth interviews). The 5 intervention programmes, using the most rigorous design of randomized controlled trial (RCT) with SPH's deep collaboration, were:

- "Effective Parenting Programme"《愛 + 人：「有教 • 無慮」家庭和諧計劃》organised by Caritas Hong Kong,
- "Harmony@Home"《愛 + 人：「家多 • 和諧」計劃》organised by Hong Kong Family Welfare Society,
- "Happy Transition to Primary One"《愛 + 人：「愉快學習上小一」計劃》organised by Hong Kong Sheng Kung Hui Welfare Council,
- "H.O.P.E." (Hope Oriented Parents Education for Families in Hong Kong)《愛 + 人：「愛家 • Teen 希望」希望故事計劃》organised by Hong Kong Christian Service, and
- "Share the Care, Share the Joy"《愛 + 人：「共育共樂」計劃》organised by the Maternal and Child Health Centres of the Department of Health.

2.4 With the positive results of the pilot intervention projects, two larger main RCT were completed by Caritas Hong Kong and Hong Kong Family Welfare Society with SPH, with improved content, larger sample sizes and more districts in July 2010 to December 2012.

2.5 From June 2011 to June 2013, a new RCT intervention project was launched by the International Social Service Hong Kong Branch in collaboration with SPH, to help strengthen resilience in new immigrant families, namely "FAMILY: Boosting Positive Energy Programme"《「愛 + 人 • 家添正能量」計劃》.

2.6 A school programme using the cluster RCT design, was launched from April 2012 to May 2013 by the Tung Wah Group of Hospitals, in collaboration with SPH, namely "More Appreciation and Less Criticism"《「愛 + 人 • 多讚少彈康和樂」計劃》. This project aimed to increase appreciation and decrease criticism in 1,000 parents and their school-aged children with a control group of increasing fruit and vegetables consumption, and was successfully completed in May 2013.

2.7 The Intervention Team actively worked with different non-governmental organisations or social service agencies to explore the feasibility of launching different interventions programmes to meet the diverse needs of people in the community.

2.8 All intervention projects were completed in 2013 and the final report will be ready in 2014.

3. PUBLIC EDUCATION – HEALTH COMMUNICATION

3.1 FAMILY 3Hs messages were disseminated to the general public through various channels to raise their awareness of family values, enhance their communication and participation. Community-wide events were held to promote FAMILY 3Hs and provide an opportunity for fostering harmonious relationships among family members.

3.2 Different media tools, such as newspapers, magazines, the Internet, television and advertisements were used to promote positive attitudes towards FAMILY 3Hs and enhance the public's awareness of family values.

3.3 A cross-sectional telephone survey is being conducted every year to assess changes in behaviour among the general public and the effectiveness of the programmes in promoting FAMILY 3Hs. The first and the second population-based surveys, entitled "Hong Kong Family and Health Information Trends Survey" (HK-FHInTS), were completed in 2009 and 2010 respectively. The results were released in a press conference held on 26 September 2010. The results were widely reported by the mass media and had successfully aroused public's awareness on the FAMILY 3Hs message. The third and forth surveys were completed in 2012 and 2013 respectively.

3.4 Training workshops, seminars and symposiums are being held using appropriate communication strategies to share experiences, and to develop a critical mass of social and community workers capable of promoting FAMILY 3Hs.

3.5 A public education programme, nine-episode "Love Family" TV series, sponsored by The Hong Kong Jockey Club, was produced by the Radio Television Hong Kong (RTHK). The thirty-minute programme was broadcasted on TVB Jade at 8:00 pm Saturdays from 23 January to 27 March 2010. A ceremony was held on 17 January 2010 at Times Square, Causeway Bay to announce the launch of the series.

3.6 Government department and two NGOs, in collaboration with SPH, initiated and completed four community-based participatory projects with the aim of promoting FAMILY 3Hs through local organisations and agencies:

- "Happy Family Kitchen I Project"《「快樂家庭廚房 I」計劃》organised by The Hong Kong Council of Social Service with the participation of over 19 NGOs, schools, community groups and government department in Yuen Long,
- "Learning Families Project"《愛 + 人「齊來學 • 愛家」計劃》organised by Christian Family Service Centre in Kwun Tong with the participation of Estate Management Advisory Committees (EMACs) and Mutual Aid Committees (MACs),
- "Enhancing Family Well-being Project"《「家」「深」幸福計劃》organised by Sham Shui Po District Social Welfare Office of Social Welfare Department and with the participation of 39 NGOs, community groups and schools in Sham Shui Po, and
- "Happy Family Kitchen II Project"《「快樂家庭廚房 II」計劃》organised by The Hong Kong Council of Social Service with the participation of over 24 NGOs, schools, community groups and government department in Tsuen Wan and Kwai Tsing.

Rigorous and longitudinal evaluations were conducted using quantitative and qualitative methods to assess the effectiveness of these innovative community-based interventions in promoting FAMILY 3Hs in the community and the effectiveness of the training programmes of service workers.

3.7 In collaboration with the Sha Tin District Council, "Sha Tin Family Fun Fest"《沙田節賽馬會「愛 + 人」家家康和樂嘉年華》was organised in December 2010.

3.8 The Hong Kong Jockey Club "Sha Tin Family Arts and Fun Day"《「愛 + 人」: 沙田藝圃樂》was organised in December 2011.

3.9 In 2010-11, a programme with the theme of "FAMILY Goes Green" was completed in 85 primary schools from six designated districts. Over 18,000 P.4 to P.6 students and their families actively participated in the educational activities with the aim of obtaining a deeper understanding of FAMILY 3Hs.

3.10 From March 2012 to October 2013, a drama school tour (performed by a professional drama company) to 100 schools was launched by The Boys' & Girls' Clubs Association of Hong Kong with SPH, namely "3Hs Family Drama Project"《「家添戲 FUN」計劃》. This project aimed to enhance FAMILY 3Hs and promote positive communication among senior primary school students and their families through drama performances, DVD viewing with family members and online participation of expressing love to family members, and was successfully completed in October 2013, ending with two successful public performances by primary school students from Tai Po and Western District.

3.11 From December 2012 to March 2013, Hong Kong Island Women's Association (HKIWA) and SPH jointly organised a pioneering community survey conducted by trained volunteers, namely "Amazing Body, Mind and Soul Women's Health Project"《奇妙身 • 心 • 靈婦女健康計劃》. The survey focused on investigating family health, happiness and harmony among residents living on Hong Kong Island. Women volunteers of the HKIWA attended a one-day workshop conducted by the SPH and the HKIWA to introduce them the basic skills and techniques used in questionnaire survey. The training was found to have boosted up women volunteers' self confidence, enhanced family communication, neighbourhood support network, and community involvement.

3.12 The FAMILY Project actively co-organised and participated in various kinds of community events with the aims to promote the FAMILY 3Hs messages by means of exhibitions, games booths, and talks, etc. Some of the community events co-organised with NGOs and community organisations include:

- "Kowloon City World Health Day 2010"《2010 年九龍城世界衛生日》, organised by the Building Healthy Kowloon City Association, Department of Health, Kowloon City District Office of Home Affairs Department, and Kowloon City District Council, was held in April 2010 in collaboration with 17 social service units/ community organisations and SPH,
- "Sham Shui Po Well-being Movement - Sham Shui Po Well-being Day"《幸福由深出發運動 – 深水埗幸福日》, organised by Sham Shui Po District Social Welfare Office of Social Welfare Department and Sham Shui Po District Council, was held in October 2010 in collaboration with 45 social service units/ community organisations and SPH,
- Participated in "Central and Western District Community Concern Day 2010"《2010 年中西區關愛日 》, organised by the Central and Western District Council and Caritas Mok Cheung Sui Kun Community Centre in December 2010,
- Participated in "2011 District Welfare Planning Seminar"《2011 年地區福利規劃研討會》, organised by District Social Welfare Offices of Social Welfare Department in 2 districts from February to March 2011,
- "Kowloon City World Health Day 2011"《2011 年九龍城世界衛生日》, organised by the Building Healthy Kowloon City Association, Department of Health, Kowloon City District Office of Home Affairs Department, and Kowloon City District Council, was held in April 2011 in collaboration with 17 social service units/ community organisations and SPH,
- Participated in "CADENZA: Elder at PEACE Launching Ceremony"《流金頌社區計劃－長和滿葵青啟動禮暨嘉年華》, organised by Hong Kong Christian Service and CADENZA Project in February 2012,
- Participated in the Fun Fair《「擁抱生命 與您同行」愛心嘉年華》organised by Hong Kong Sheng Kung Hui Welfare Council in collaboration with 8 social service units/ community organisations in February 2012,
- Participated in "Haven of Hope Tseung Kwan O and Sai Kung District Support Centre Opening Ceremony"《靈實將軍澳及西貢地區支援中心開幕典禮》organised by the Haven of Hope Christian Service in February 2012,
- Participated in "2012 District Welfare Planning Seminar"《2012 年地區福利規劃研討會》, organised by District Social Welfare Offices of Social Welfare Department in 6 districts in March 2012,
- "Kowloon City World Health Day 2012"《2012 年九龍城世界衛生日》, organised by the Building Healthy Kowloon City Association, Department of Health, Kowloon City District Office of Home Affairs Department, and Kowloon City District Council, was held in April 2012 in collaboration with social service units/ community organisations,
- "2012-2013 Central and Western District Health Festival"《2012 至 2013 年度中西區健康節－健康生活齊參與》, organised by the Central and Western District Council and co-organised by the Central and Western District Office of Home Affairs Department, was held in November 2012 in collaboration with 37 social service units/ community organisations and SPH,

- "2012 Central and Western District Healthy City Carnival"《2012年中西區健康城市齊共創嘉年華》, organised by the Central and Western District Council, was held in December 2012 in collaboration with 13 social service units/ community organisations and SPH,
- "2013-2014 Central and Western District Health Festival"《2013 至 2014 年度中西區健康節－健康生活 全家參與》, organised by the Central and Western District Council and co-organised by the Central and Western District Office of Home Affairs Department, was held in November 2013 in collaboration with 36 social service units/ community organisations and SPH,
- "2013 Central and Western District Healthy City Carnival"《2013 年中西區健康城市「一家齊減壓」嘉年華》, organised by the Central and Western District Council, was held in December 2013 in collaboration with 12 social service units/ community organisations and SPH, and
- "Kowloon City World Health Day 2014"《2014 年世界衛生日－健康龍城嘉年華「病媒傳播的疾病」》, organised by the Building Healthy Kowloon City Association, Department of Health, Kowloon City District Office of Home Affairs Department, and Kowloon City District Council, was held in April 2014 in collaboration with 19 social service units/ community organisations and SPH, etc.

3.13 With SPH's successful advocacy for using family as the theme, the "FAMILY 3Hs Gathering Day"《愛 + 人：家家樂聚日》was held in the Central and Western District on 20 October 2013, by the Steering Committee on Healthy City in the Central and Western District of the Central and Western District Council, Hong Kong Island Women's Association, Hong Kong Central and Western District Women Association, Federation of Parent-Teacher Associations of the Central and Western District, The Boys' & Girls' Clubs Association of Hong Kong Jockey Club Sheung Wan Children & Youth Integrated Services Centre and Caritas Mok Cheung Sui Kun Community Centre.

EXECUTIVE SUMMARY

Inadequate communication among family members in Hong Kong was found in a survey conducted by the Hong Kong Government [1]. Nearly 78% of respondents in the survey occasionally, rarely or never listened to their parents' concerns and views. To enhance family functioning and communication in collaboration with various stakeholders and social service units so as to promote FAMILY Health, Happiness, and Harmony (3Hs) (家有康和樂); and to evaluate the various components of the project in terms of its structure, process, and outcomes, the Community-based Participatory Research (CBPR) approach was adopted to design, implement and evaluate a community-based project entitled "Happy Family Kitchen" collaborated by The Hong Kong Council of Social Service (a non-government organization with around 400 NGO agency members in Hong Kong) and the School of Public Health of The University of Hong Kong, under the FAMILY: A Jockey Club Initiative for a Harmonious Society project.

During September 2010 to November 2011, the project was conducted in three stages in Yuen Long district. Stage 1 included needs assessment, planning, implementation, and evaluation of a Train-the-trainers programme for participating organizations' workers and a launching event. Based on the training kit under the selected theme and objectives, and with minor modifications to suit the different client groups, the trained workers designed and delivered its own programme, with one to two sessions only, to its own target groups in Stage 2. Participants must join in with at least one family member. In Stage 3, the specially designed "Happy Family Cookbook" and "Practice Manual" were released and a practice wisdom forum for sharing experiences was held after the completion of the project. Both quantitative (pre-, post- and further follow-up surveys), and qualitative (focus groups and individual in-depth interviews) methods were used to collect information on 3Hs indices and communication behaviour for process and outcome evaluations.

A total of 2,447 individuals from 1,006 families participated in 23 community-based programmes of the Happy Family Kitchen project organized by 19 organizations with 23 social service units. From 612 families with 1,419 individuals' findings, the mean communication time showed a significant increase from 153.44 to 155.19 minutes (p-value<0.01) per week and the mean communication score increased from 67.18 to 69.56 (p-value<0.001) at 12 weeks after the intervention. The overall mean happiness score showed a significant increase from 7.80 (pre-intervention) to 7.82 (p-value<0.001) at 12 weeks after the intervention, the mean health score enhanced from 7.70 to 7.73 (p-value<0.001) and the overall mean harmony score improved from 7.93 (pre-intervention) to 8.07 (p-value<0.001) at six weeks after intervention but returned to 7.92 (p-value<0.001) at 12 weeks after the intervention compare to six weeks after intervention.

The CBPR approach has provided an effective way to engage public health researchers and social service providers, other major stakeholders, and participants in an active partnership in this project in Hong Kong. This is the first and probably the largest CBPR focusing on FAMILY Health, Happiness and Harmony with a close partnership with social service providers in Hong Kong. It engaged the community and generated evidence for an effective practice model. The preliminary results have shown its effectiveness in improving communication and in promoting 3Hs, but some barriers still exist in practice. Challenges in maintaining the research rigor during data collection and the implementation of community programmes were also observed. Given the minimal approach of programme design with 2 core sessions plus a booster session, the effect size was small but the cost was low.

This project also provides evidence and generates impacts at different levels. At the individual level, families experienced positive feelings and learnt coping style which can be applied in their daily life. For the frontline social workers, they have been trained to conduct positive psychology programmes for families in the community. At the family level, family members learnt from and shared with the community-based programmes leading to an improvement of family communication and relationship. The messages delivered in this project on positive psychology and family values conveyed through the launching event, mass media and Happy Family Cookbook could also have wider impact on the community. Making reference to the outcomes of the project, the Government should put more effort in promoting positive family communication and 3Hs at policy level and place more resources in district planning and programmes especially to help those with low social-economic status.

CHAPTER 1

INTRODUCTION

1.1 BACKGROUND

All over the world, the family is the fundamental social unit, and social problems are often rooted in different family problems. A lack of proper care and attention towards teenagers, for instance, may contribute to resentment against society. It is therefore important to support and strengthen the family, by fostering a sense of responsibility and obligation in every family member, nurturing care and love, and developing relationships of mutual support.

As a bustling modern city, Hong Kong is characterized by highly efficient operation and busy working lives. Traditionally, Chinese people place great importance on their families, but this increasingly busy lifestyle leaves little time for family gatherings and communication. A survey by the Hong Kong Government [1] showed that nearly 78% of respondents never, or only occasionally or rarely, listened to their parents' concerns and views; and over 50% rarely or never listened to their siblings' concerns and views. This lack of communication raises the problem of neglect or indifference, rigid relationships within the family, which tend to exert negative effects on FAMILY Health, Happiness and Harmony (3Hs). As a result, every effort should be made to improve effective communication in Hong Kong families.

A considerable amount of evidence has demonstrated the benefits of applying the principles of positive psychology to family well-being. The principles of positive psychology can be instrumental in our conceptualization of services provided to parents, family members, teachers and other adults with whom children live [2]. We have developed a framework using "Five principles of positive psychology" to enhance family communication. Using "eating" and "kitchen" as a platform, we proposed to develop a positive environment for family well-being and communication based on five positive psychology approaches to improve communication in the family, and in turn promote FAMILY Health, Happiness and Harmony (3Hs). The five principles are concerned with happiness (嚐快樂), flow (嘗投入), gratitude (嘗讚美), savouring (嚐細味) and health (常健康) [3, 4]. The Hong Kong Council of Social Service (HKCSS) collaborated with the School of Public Health of The University of Hong Kong (HKU) to conduct an integrated CBPR project, "Happy Family Kitchen", in the Yuen Long district from September 2010 to November 2011.

This project was an evidence-based and evidence-generating district-based mega-project designed with a vision to integrating the best science from the university, and the best practice from the social service providers. With the ultimate goal of enhancing the 3Hs for Hong Kong families, the public health researchers collaborated with community members – social services units and other major stakeholders – (1) to build capacity among social service providers; (2) to plan, implement and evaluate specially designed community-based programmes for families; (3) to disseminate the findings through a practice wisdom forum; and (4) to develop a service delivery model to improve the 3Hs for Hong Kong families.

1.2 PROJECT AIMS

- To build capacity and an effective community partnership with various stakeholders and social service units in Yuen Long;
- To establish a CBPR approach and determine its efficacy in changing individual behaviours and enhancing family functioning and communication by applying the principles of positive psychology;
- To promote FAMILY Health, Happiness and Harmony (3Hs) by building the family's capacity for positive communication;
- To build and test a service delivery model to strengthen family communication and the 3Hs;
- To evaluate the various components of the project, including its structure, process and outcomes.

1.3 LITERATURE REVIEW

1.3.1 Family communication: relationship schemas, definition and patterns

Communication is a key factor in creating mutual understanding among members of a family. In other words, family communication can affect how and what kind of relationships we make with others in our lives. Family relationship schemas concern knowledge that applies to all of a person's familial relationships. Fletcher et al. [5] point out that most beliefs concerned with close relationships fall into four groups: intimacy, including love, trust, respect and affection; passion, including vitality and sex; individuality, including equity and independence; and external factors, including personal security and children. Koerner et al. [6] confirm that these four areas include all relevant beliefs about families that make up family relationship schemas.

According to research on family communication patterns (FCPs) [7], a family member uses two orientations, conversation and conformity, to guide relational cognition and related interpersonal communication behaviour. Conversation orientation refers to the degree to which a family encourages a communicative climate where all members participate; while conformity orientation refers to the degree to which a family emphasises consistency of attitude and belief among its members [8].

Despite the importance of communication to family relationships, widely recognized in the literature, research into the nature of family communication presents some challenges. One of the most detailed elaborations of the role of communication in human interactions is that by Watzlawick et al [9], who define a family as a rule-governed system whose members are continually in the process of negotiating or defining the nature of their relationship. Olson and Barnes [10] define family communication as the act of making information, ideas, thoughts and feelings known among members of a family unit. They have developed a 10-item Family Communication Scale (FCS) for the assessment of family communication, which can be used with a variety of family forms and at various life-cycle stages. It has been shown to have good validity and reliability via the sample in the United States of 2,465 individuals, with an internal consistency reliability of 0.90 and a test/re-test reliability value of 0.86.

Previous studies [11, 12] have shown that better communication is associated with more positive outcomes. According to "Hong Kong Family and Health Information Trends Survey" (HK-FHInTS) [33] conducted in 2009, communication methods such as praising family members and physical touch like hugs or thoughtful touches on family member's shoulder, spending quality time with family such as dining, shopping or walking were positively associated with FAMILY 3Hs. However, such communication methods were not commonly adopted by Hong Kong people. Only 29% of respondents showed their care to family members by physical touch, while only 25% praised their family members. These findings offer insights into the gaps for planning and developing effective family and health-related programmes or campaigns on promoting the 3Hs. Therefore, when the "Happy Family Kitchen" project was developed subsequently, we used the FCS to examine the family communication status of the participants, to evaluate any changes in family communication after the "positive psychology" intervention and its associations with the 3Hs.

1.3.2 Positive psychology

Positive psychology is defined as "the scientific study of ordinary human strengths and virtues", which "adopts a more open and appreciative perspective regarding human potential, motives and capacities" [13]. The mission of positive psychology is to understand and foster the factors that allow individuals, communities and societies to flourish [14]. It investigates the paths that lead to happiness, fulfillment and flourishing.

There are three field levels of positive psychology [14]. The subjective level is about valued subjective experiences: well-being, contentment and satisfaction (in the past); hope and optimism (for the future); flow and happiness (in the present). At the individual level, it is about positive individual traits: the capacity for love and a vocation, courage, interpersonal skill, aesthetic sensibility, perseverance, forgiveness, originality, future-mindedness, spirituality, high talent and wisdom. At the group level, it is about the civic virtues and institutions that move individuals towards better citizenship: responsibility, nurturing, altruism, civility, moderation, tolerance and work [14].

In a comprehensive review of the literature, Lyubomirsky et al. [15] find that happiness facilitates social relationships, coping ability, healthy behaviour and immune systems. Frequent feelings of happiness decrease stress, accidents and suicide rates, as well as enhance our commitment to values or character development. Happy people are more altruistic, kind and charitable. It has also been found that positive emotions can prevent drug abuse [16] and problem drinking [17].

Family-centred positive psychology

Family-centred positive psychology (FCPP) is defined as a framework for working with children and families that promotes strengths and capacity building within individuals and systems, rather than one focusing solely on the resolution of problems or remedy of deficiencies [18]. The dual goals of FCPP are family empowerment and enhanced functioning on the part of family members. The key principles involve [19]:

- Being concerned with process as well as outcomes. Using existing family strengths and capabilities to access and mobilize family resources;
- Focusing on family-identified rather than professionally determined needs;
- Promoting the acquisition of new skills and competencies through specific types of helping behaviour and professional roles;
- Emphasizing the strengthening of social support and networks.

Based on the theory of positive psychology, we developed a framework of five principles of positive psychology to enhance family communication, and applied them in a specially designed district-based project called "Happy Family Kitchen". A series of activities and interventions based on these five principles, happiness, flow, gratitude, savouring and health [3, 4], and on the "eating" and "kitchen" topics were conducted with families in Yuen Long to develop a positive environment for family well-being and to improve family communication, with the ultimate goal of promoting FAMILY Health, Happiness and Harmony (3Hs).

1.3.3 Community-based Participatory Research (CBPR)

CBPR is an approach that combines research methods and community capacity building strategies to bridge the gap between knowledge produced through research and translation of this research into interventions and policies [20, 21]. According to the Community Health Scholars Programme [22], CBPR is defined as:

> *"A collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community and has the aim of combining knowledge with action and achieving social change..."*

This approach is particularly attractive to academics and public health professionals struggling to address the persistent problems of healthcare disparities in a variety of populations [23], with the aim of combining knowledge and action for social change to improve community health and eliminate disparities.

Although often, but erroneously, referred to as a research method, CBPR and other participatory approaches are not methods but orientations to research [24]. A number of experts have advanced the principles for CBPR and, drawing on over a decade of experience, Israel and her colleagues [25] have identified nine key principles of CBPR, which are to:

- Recognize community as a unit of identity;
- Build on strengths and resources within the community;
- Facilitate collaborative, equitable involvement of all partners in all stages of the research;
- Integrate knowledge and intervention for the mutual benefit of all partners;
- Promote a co-learning and empowering process that attends to social inequalities;
- Involve a cyclical and iterative process;
- Address health from both positive and ecological perspectives;
- Disseminate findings and knowledge gained to all partners;
- Involve long-term commitment by all partners.

Israel cautions that these principles should not be imposed on a project, but should be allowed to evolve continually to reflect changes in the research purposes, context and participants. How well a project successfully implements key CBPR principles is a primary criterion in measuring the effectiveness of a research project [26]. However, such measuring lacks standardization, in both methodology and accepted criteria [27]. Shalowitz et al. point out that "each academic/community partnership evaluates the effectiveness of their efforts based on the particular context, culture and community that the project is situated in and the specific aims of the study" [26].

Many studies have been conducted using a CBPR approach in recent years. A systematic review [28] identified 55 studies as CBPR, presented the broad scope of research in which CBPR can be applied methodologically, such as randomized controlled trials, quasi-experimental studies and non-experimental studies with pre-test and post-test data [29, 30, 31].

To the best of our knowledge, there are no comparable studies, using a CBPR approach and based on the five principles of positive psychology to develop and evaluate interventions intended to improve family communication and the 3Hs in Hong Kong. The outcomes of the present study can guide us to develop a community-based practice model integrating positive psychology and family education that is scientifically rigorous and practically sound.

CHAPTER 2

PROJECT DESIGN AND METHODS

2.1 OVERALL PROJECT DESIGN AND METHODS

This was a community-based participatory project consisting of several components and stages (Figure 2.1), and using both quantitative and qualitative methods of evaluation. Process and outcome evaluations were conducted at different times throughout the various stages of the project.

The project was conducted in three stages (Table 2.1 & Figure 2.2):

Stage 1 – Gestation: Needs assessment, planning, implementation and evaluating a training programme for social workers of the 23 participating social service units, to equip them with the knowledge and skills of positive psychology and for the design of community-based programmes for families. Also included was a launch event to promote the aims of this CBPR project and arouse community stakeholders' and the public's awareness of FAMILY 3Hs.

Stage 2 – Dissemination: Designing, delivering and evaluating 23 community programmes organized by the 23 social service units under one conceptual theory and framework to promote FAMILY 3Hs through the Happy Family Kitchen programmes in their service settings.

Stage 3 – Consolidation: The release of a special design and rigorous evaluation of the "Happy Family Cookbook" to promote the project's theme, and finally the organization of a practice wisdom forum for social workers and other major stakeholders to share their experiences and the outcomes of the Happy Family Kitchen district-based programmes in promoting the 3Hs and better communication among families in Yuen Long.

Throughout the project, a series of territory wide promotion and publicity strategies were implemented including:

1. Publication of Happy Family Cookbook
2. Publication of Practice Manual
3. Leaflet promotion
4. Banner promotion
5. Website promotion
6. Video advertisement
7. Several corporate publications
8. Newspaper, magazine and radio programme introduction
9. Souvenirs
10. Celebrity video features

A detailed process evaluation was conducted on every community programme (n=23) and the results will be presented in later chapters.

Figure 2.1 Stages of the project

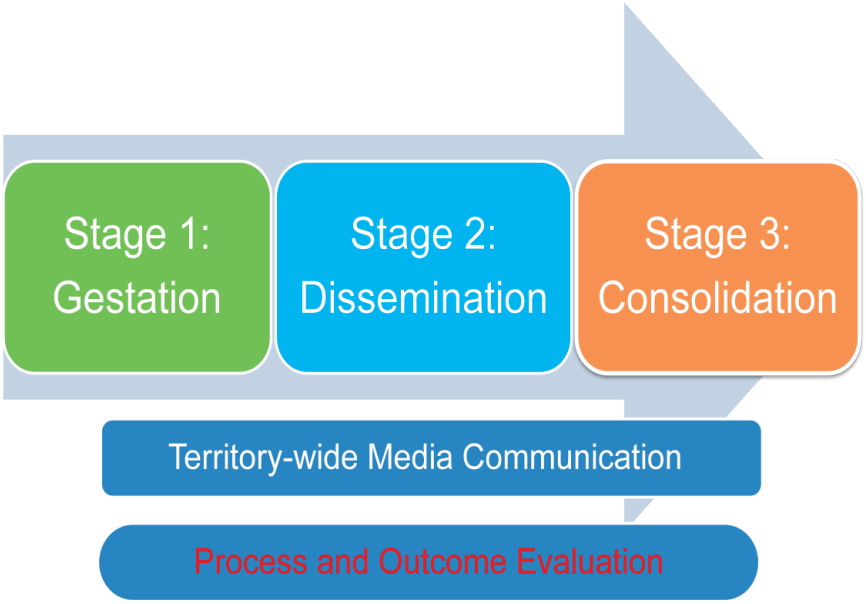


Figure 2.2 Timeline of the Happy Family Kitchen project

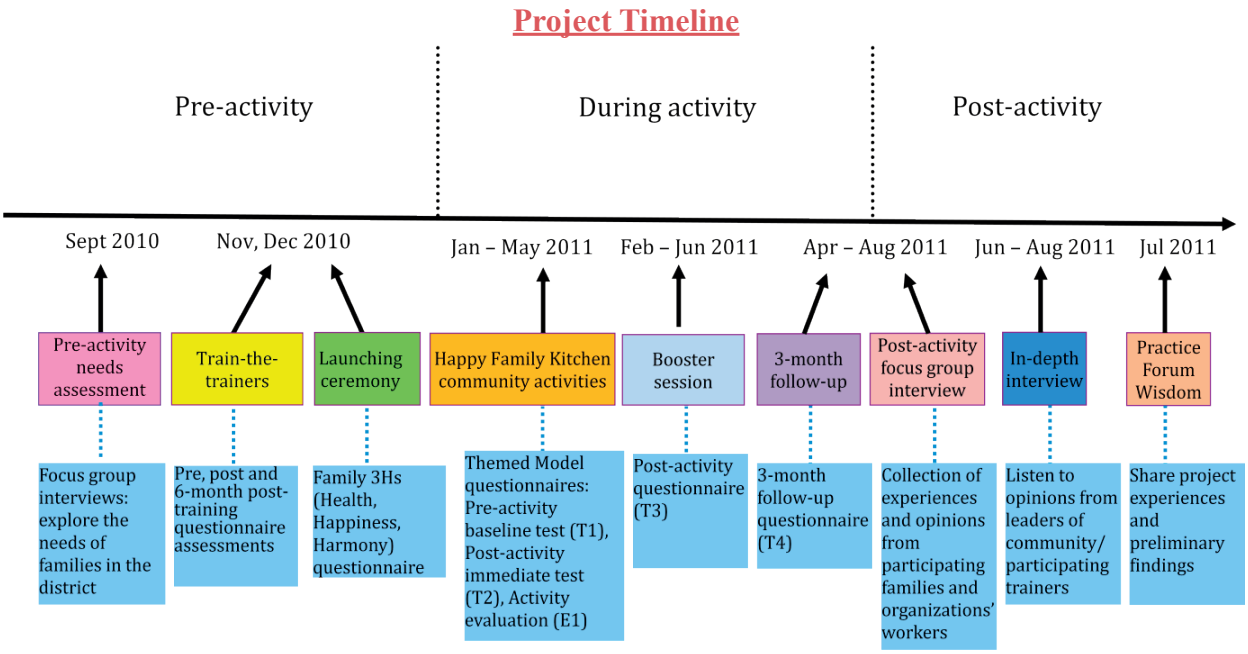


Table 2.1 Evaluation framework of the project

Stage	Event	Details	Evaluation methods
1. Gestation	Needs assessment (Sept 2010)	Focus group interviews were conducted with the social service units that aimed to assess their views of the "happy family kitchen" concept and explored the nature of social services in Yuen Long.	(1) Qualitative – focus group Target: all participating organizations' representatives were invited to join focus group interviews before the training programme.
	Train-the-trainers programme (Nov 2010)	HKCSS and HKU collaborated to design the training programme, with involvement of the United Christian Nethersole Community Health Service. A clinical psychologist and a dietitian were invited to give talks on the five positive psychology elements. HKU presented the overall project aims, conceptual framework, evaluation framework, programme planning, and research and evaluation methods were also discussed.	(2) Quantitative – pre- and post-training, and 6-month follow-up questionnaires Target: all participating organizations' representatives were invited to complete pre-test, immediate post-test and 6-month follow-up.
	Launching ceremony (Dec 2010)	A launching ceremony was held by the project's participating organizations in Yuen Long to promote the Happy Family Kitchen. A "3Hs Connect" survey was also conducted.	(3) Quantitative – "3Hs Connect" questionnaire Target: participants in the event and passers-by in the area were invited to complete the one-page questionnaire.
2. Dissemination	Community-based family programmes: 1st & 2nd core sessions (Jan - May 2011)	23 social services units from Yuen Long organized 23 programmes and recruited 1,006 families to participate in the specially designed programmes on one of the five positive psychology elements. Each programme followed a standardized protocol comprising 2 core sessions + 1 booster session, with at least 1 hour per session. The detailed programme concentrated on the characteristics and needs of the specific target service users (e.g. families with school-age children, families with elderly members). In order to maintain the fidelity of the programme, all participating organizations were required to submit a behavioural checklist and programme rundown before implementation. Process evaluations were also conducted to evaluate recruitment, dose delivered, dose received, and fidelity.	(4) Quantitative – questionnaire (T1-T2) Target: all families with at least 2 members were invited to participate in the baseline (T1), post-test (T2) and programme evaluation. (5) Quantitative/Qualitative – process evaluation: (i) Observation form – HKU staff and student helpers completed this form as part of the process evaluation. (ii) Agency report – each participating organization was required to submit promotion materials together with their final report to HKU & HKCSS. (iii) Behavioural checklist: Participating organizations were requested to complete a checklist to illustrate the alignment of their programme objectives, content and strategies with the outcomes (behavioural changes in the families).

2. Dissemination (cont.)	Community-based family programmes: Booster (Feb - Jun 2011)	After 6 weeks of the baseline (T1) programme, a booster session was conducted for the families to strengthen the programme goals and explore any difficulties encountered in achieving the expected outcomes.	(6) Quantitative – questionnaire (T3) Target: all participating families were invited to complete the questionnaire immediately before the booster session. A HK$20 supermarket coupon was offered as an incentive to encourage participation.
	Community-based family programmes: 3-month follow-up (Apr - Aug 2011)	After 12 weeks of the first session of programme, subjects were required to complete a 3-month follow-up to assess the achievement of the medium outcomes of the project.	(7) Quantitative – 12 weeks post-intervention questionnaire (T4). Target: all participating families were invited to complete the T4 questionnaire at 12 weeks after the community programme, through either telephone contact or face-to-face interview. A HK$20 supermarket coupon was offered as an incentive to encourage participation.
	Focus group interviews (Apr - Aug 2011)	A total of 21 family groups with different targets were invited to attend focus group interviews to collect more details to evaluate the programme's impact, and explore any difficulties in implementing or practicing the concepts and behaviour learnt from the intervention programmes. A total of 20 participating organizations' workers were invited to attend 2 focus groups to collect their views, examine any barriers in conducting intervention programmes and receive comments on the Train-the-trainers programme.	(8) Qualitative – focus group Target: (1) participating families and (2) workers from participating organizations were invited to attend focus group interviews.
	In-depth interviews (Jun - Aug 2011)	A total of 12 individual in-depth interviews with major community stakeholders of Yuen Long district were conducted.	(9) Qualitative – in-depth interviews. HKU conducted interviews to collect comments and suggestions from community stakeholders on existing programmes and future project development.
3. Consolidation	Happy Family Cookbook (May 2011)	A specially designed Happy Family Cookbook was developed to motivate the general public to take simple steps to improve FAMILY 3Hs.	(10) Quantitative – cookbook evaluation questionnaire Target: recipients of the cook book were invited to complete a one-page questionnaire attached to the book or an online version.
	Practice Manual (Jul 2011)	A specially designed Practice Manual was developed for social workers in Hong Kong and community stakeholders as a means of knowledge transfer.	No evaluation
	Practice Wisdom Forum (Jul 2011)	A Practice Wisdom Forum was organized to share experiences and preliminary findings of the Happy Family Kitchen community-based programmes in promoting FAMILY 3Hs and communication.	(11) Quantitative – questionnaire Target: participants in the Practice Wisdom Forum were invited to complete an evaluation questionnaire after the event to collect their views and feedback.

2.2 TARGET POPULATION

The core target audience for the launching ceremony, community-based family programmes and focus group interviews were families residing in Yuen Long and were able to read Chinese and speak Cantonese. For the needs assessment focus groups, Train-the-trainers programme, focus group interviews, in-depth interviews and Practice Wisdom Forum, the targets were social service providers who could read Chinese and speak Cantonese, and were working in social service organizations or government departments in Yuen Long (Table 2.2).

Table 2.2: Expected number of target populations in each project component

Platforms	Expected number of target populations
Needs assessment focus groups	20 social workers from participating organizations in Yuen Long
Train-the-trainers programme	50 social workers (with experience of working with families) selected by their employers from participating organizations
Launching ceremony	800 residents of Yuen Long and representatives of participating organizations
Community-based family programmes	1,000 Yuen Long families
Post-intervention focus group interviews (for family programme participants and social service providers respectively)	A few focus groups
Post-intervention in-depth interviews	/
Practice Wisdom Forum	200 social workers, professionals from the social welfare sector and other major stakeholders

CHAPTER 3

STAGE 1 – GESTATION

3.1 NEEDS ASSESSMENT

3.1.1 Introduction and objectives

We conducted needs assessment focus groups with social workers from participating organizations, to explore the needs of families in Yuen Long. The objectives of the assessment were:

- To identify the needs, resources and feasibility of developing and evaluating an intervention programme to strengthen family communication, and to enhance FAMILY Health, Happiness and Harmony;
- To explore ideas from social workers to guide the design of a practice manual.

3.1.2 Methods

With the initiative of The Hong Kong Council of Social Service, social service providers operating in social service units in Yuen Long at the time were invited to attend a focus group discussion. Two focus group interviews were conducted on September 24, 2010.

A total of 20 social service providers from 17 units participated in two focus groups, with 11 and 9 people per group. The focus groups were conducted at Yuen Long Government Offices, with each managed by three project members, including one moderator and two note-takers. The teams were composed of representatives from both HKU and HKCSS. The focus group discussions were conducted using an interview guide. The moderators served as team leaders to explain the purpose of the study and facilitate the discussions. The note-takers collected the completed consent forms and demographic characteristics questionnaires, audio-taped the discussions and took field notes. All the tapes were then transcribed verbatim and analysed.

3.1.3 Results

Highlights from the discussion were summarized as follows:

(1) The geographical location of Yuen Long was a barrier to communication among families

Yuen Long, in particular Tin Shui Wai, is located in a remote area of Hong Kong, and residents usually spend a long time commuting between home and workplace. They have to leave home early and come back home late every day, and because of these long working hours and compacting time, people can rarely spend much time with their families.

> *"…Because of the geographical location…in comparison with those families living with convenient transport or near working areas, in general, (Tin Shui Wai residents) have little time to spend with their family members…"* (A social service provider, 1B)

> *"…extremely long working hours; (you're) exhausted when (you're) back home…"* (A social service provider, 1D)

In addition, many residents of Tin Shui Wai are of relatively low socio-economic status. Owing to the high cost of transport between home and the urban area, they usually stay nearby during weekends, and hence outdoor activities with other family members living in town are restricted.

> *"…here, perhaps, the kids have never even been to Central District…the cost of transport is so high…"* (A social service provider, 1A)

As a consequence of the above factors, the quantity and quality of communication among both nuclear and extended Yuen Long family members are impaired, and their FAMILY 3Hs could be adversely affected.

Programmes are needed in Yuen Long that aim to enhance people's awareness, improve their family communication and further enhance FAMILY 3Hs. Social workers/community leaders should take the lead in promoting family communication, and encourage family members to spend more time with each other, no matter how busy they are.

(2) The theme of cooking and eating is generally welcomed, while a means to promote and achieve positive family communication is actually the key concern

To enhance FAMILY 3Hs in the long term is the ultimate goal of this project. Participants are expected to practice what they have learnt from the programme to improve their family communication. While lack of time and resources, as explained above, is a daily challenge for families in Yuen Long, designing a programme that is acceptable and emphasises spending quality time in the daily routine would enable residents to sustain this behaviour, even with limited resources. The idea of using the "kitchen", "family cooking" and "having meals together" is a good platform for family communication and was welcomed by the social service organization workers.

> *"…really promoting cooking at home, regardless of the recipe or the content; (enhancing) the atmosphere (of being together) has been already very good!"* (A social service provider, 1B)

> *"…I'd strongly agree that it (the project) should run as a campaign, promoting families having a meal together…"* (A social service provider, 1C)

However, some social workers raised the concerns about sustainability and potential adverse effects which might be provoked from spending more time together in families which had problems.

> *"…a Chinese family always likes to discipline kids during dinner. Sometimes bad timing or poor communication skills would cause dispute…"* (A social service provider, 1B)

> *"…there are many problems in families…why don't they dine together at home? Sometimes the kids find the parents annoying…(Besides,) if the marital relationship is bad, sometimes it could be very troublesome…"* (A social service provider, 1C)

Besides this kind of activity, instilling positive attitudes and appropriate communication skills was also critical to the project. Some aspects such as empathy, appreciation, sharing and enjoying the process of involvement were suggested.

> *"…(we) should emphasise the message behind cooking, which teaches family members to care and feel for each other, accept and appreciate… This is more important than (the theme) of eating…"* (A social service provider, 1A)

> *"Cooking is a process; the whole family agrees that it is the time that is most harmonious, most precious: someone responsible for rinsing the rice, someone else cooking it, washing vegetables … (even) Daddy could do some cooking… In fact, the outcome is not important; the most important thing is the cooking!"* (A social service provider, 1B)

One of the five core themes of positive psychology – gratitude, flow, happiness, health or savouring – could be selected by each social service organization to be the focus for each programme. Meanwhile, understanding the importance of the process (being together and encouraging more communication) rather than the outcome (like/dislike of the food) should be emphasised in the campaign.

3.1.4 Summary of findings

- Yuen Long families rarely spent time together because of residents' long working hours and the geographical location being far away from town;
- Using the "kitchen", "family cooking" and "having meals together" could provide a good platform for family communication which was welcomed by the social service organizations' workers;
- Designing simple, acceptable and easy to practice interventions that would instill a positive attitude and appropriate communication skills among family members was critical to the project.

3.2 TRAIN-THE-TRAINERS PROGRAMME

3.2.1 Introduction

The Happy Family Kitchen project, the first of its kind in Hong Kong, used theory-based intervention guided by the concepts of positive psychology and employed scientific evaluation methods. These methods may be unfamiliar to social workers, and so we designed and implemented a two-day Train-the-trainers programme to equip social workers from the participating organizations with the essential knowledge and skills to design and implement the intervention in families. The training was jointly developed by The Hong Kong Council of Social Service and the School of Public Health of The University of Hong Kong, and conducted before the implementation of the district-based community programmes.

3.2.2 Objectives

- To provide participants with the knowledge and skills of positive psychology, health and dietary information, and evidence-generating research methods;
- To enhance the competence and capabilities of social workers in conducting community-based intervention programmes for families, using positive psychology concepts;
- To collect participants' feedback and comments on improving future training programmes.

3.2.3 Methods

The specially designed Train-the-trainers programme was held on November 19 and 23, 2010 in the multi-function hall of the Jockey Club Integrated Services Centre at Tin Shui Wai. It was conducted by professional academics, a clinical psychologist and a nutritionist. The programme consisted of four sessions held over two days. The content covered the theories and practices of positive psychology, nutrition, the concept of FAMILY Health, Happiness and Harmony (3Hs), evidence-based practice and implementation, and family-centred programme design. For the training content, a psychologist and a nutritionist from the United Christian Nethersole Community Health Service introduced the ideas of positive psychology and healthy diet respectively; while the investigators from The University of Hong Kong presented the methods of the evidence-generating evaluation framework and Randomized Controlled Trial (RCT). Lectures and inspiring games were used, as well as group discussions, providing diversified learning opportunities for the social workers. To help the social workers in understanding the concept of the Happy Family Kitchen and positive psychology strategies, training kit were distributed to participants during the training period.

A series of questionnaires were designed to evaluate the participants' knowledge, ability and motivation in conducting the community programme, and feedback and comments on the training programme were also collected. Evaluation was conducted at three time points: pre-training, immediate post-training, and 6 months after the training. Key measures included whether there had been an increase in knowledge and skills or intention and attitude change, self-reported competence, actions taken and willingness to implement the knowledge learnt from the training programme in future work. The follow-up questionnaires had outcome measurements similar to those in the pre-training questionnaire, but with additional questions on training sustainability and relevant behaviour change.

3.2.4 Results

3.2.4.1 Social-demographic characteristics

A total of 53 social workers were recruited by the 18 NGOs and 1 government department (23 social service units in total), 50 (94%) of whom attended the training sessions. 50 pre-training (T1) and 50 immediately post-training (T2) questionnaires were collected, with 46 at the 6-month follow-up (T3). Three social workers resigned and one declined to complete the questionnaire.

The majority of the participants' age ranged from 25 to 44 (65.9%), and 63% were female. Most were registered social workers (82.2%) and had obtained a tertiary degree or above (71.7%). 45.6% had been engaged in social services for 10 years or more but only 29.4% had been working in their current organizations for more than 10 years. The top three most common service targets of the participants' organizations were family (56.5%), children (43.5%) and teenagers (37.0%). More than half (56.5%) of the participants had not received any positive psychology training before, and 32.6% and 34.8%, respectively, had no prior experience of family service or programme evaluation training.

3.2.4.2 Gains in perceived knowledge and techniques

3.2.4.2.1 Positive psychology knowledge

As shown in Table 3.1, participants reported a significant increase with a moderate to large effect size in their perceived knowledge of positive psychology immediately after the training (all $p<0.001$), which was sustained six months later.

Table 3.1 Participants' knowledge and techniques of positive psychology over time (n=46)

	Pre-training	Post-training	6-month follow-up	Pre→post	Post→6M	Pre→6M
	Mean score (SD)			ES[b] /p-value[c]		
Knowledge [a]						
I have knowledge of positive psychology	3.61(1.06)	4.35(0.64)	4.26(0.65)	0.71/<0.001	-0.12/0.44	0.63/<0.001
I have a basic awareness of the mechanics of positive psychology	3.43(0.96)	4.35(0.6)	4.24(0.6)	0.89/<0.001	-0.15/0.30	0.82/<0.001
I know what the key components of positive psychology are	3.46(1.00)	4.35(0.71)	4.26(0.68)	0.77/<0.001	-0.11/0.47	0.71/<0.001
Techniques [a]						
I can master the techniques of positive psychology	3.30(0.96)	4.11(0.60)	3.96(0.73)	0.84/<0.001	-0.23/0.38	0.59/<0.001
I can apply the techniques of positive psychology	3.17(0.93)	4.07(0.61)	3.93(0.74)	0.96/<0.001	-0.18/0.22	0.77/<0.001
I know how to bring out the concept of positive psychology in programme design	3.24(1.02)	4.20(0.62)	4.11(0.65)	1.04/<0.001	-0.14/0.69	0.86/<0.001

[a]: 6-point likert scale: 1=strongly disagree, 2=somewhat disagree, 3=disagree, 4=agree, 5=somewhat agree, 6=strongly agree
[b]: ES=effect size (Cohen's d): small=0.10, medium=0.50 and large=0.80
[c]: p value for the difference between pre, post training and 6 months follow up

3.2.4.2.2 Knowledge transfer of five positive psychology principles to improve communication

We computed composite scores ranging from 0 to 100 to measure participants' gain in knowledge of each principle of positive psychology to improve communication. A higher score reflects a better performance. As illustrated in Table 3.2, significant increases with large effect size in knowledge were found in all five principles of positive communication immediately after the training (all p<0.001), which sustained at 6 months.

Table 3.2 Participants' knowledge of the five principles of positive psychology over time (n=46)

	Pre-training	Post-training	6-month follow-up	Pre→post	Post→6M	Pre→6M
	Mean score (SD)			ES[a] /p-value[b]		
Happiness	56.48(17.58)	70.37(10.74)	70.19(13.23)	0.86/<0.001	-0.02/0.92	0.79/<0.001
Nutrition	51.67(17.16)	72.11(11.85)	69.2(14.3)	1.24/<0.001	-0.28/0.07	0.96/<0.001
Flow	26.94(20.98)	66.94(16.89)	64.95(16.16)	1.45/<0.001	-0.15/0.33	1.48/<0.001
Gratitude	45.65(22.24)	70.11(14.79)	68.75(13.37)	1.13/<0.001	-0.10/0.51	1.07/<0.001
Savouring	37.09(22.18)	71.2(13.91)	65.56(14.99)	1.49<0.001	-0.49/0.002	1.13/<0.001
Mental health	50.27(20.33)	71.2(13.4)	69.84(12.24)	1.01/<0.001	-0.10/0.48	0.98/<0.001

[a]: ES= effect size (Cohen's d): small=0.10, medium=0.50 and large=0.80
[b]: p value for the difference between pre, post training and 6 months follow up

3.2.4.3 Attitudes towards the efficacy of the five positive psychology principles in improving communication

3.2.4.3.1 Improvement of cognition

Table 3.3 shows that in the pre-training study, most participants (over 70% in general) already agreed that the five principles of positive psychology could bring positive emotions to their service targets. Because of such high baseline level, no significant increase was observed in 5 out of 8 items (Ceiling effect). However, only 42.2% and 55.6% of participants agreed on the efficacy of flow and mindfulness respectively before training. Afterwards, with increased knowledge among participants, their belief about the benefits of flow and mindfulness were significantly increased mostly with moderate effect size (all $p<0.01$). The results suggested that the training was effective in promoting the advantages of using the five principles of positive psychology.

Table 3.3 Participants' attitude[a] of the five principles of positive psychology over time (n=46)

	Pre-training	Post-training	6-month follow-up	Pre→post	Post→6M	Pre→6M
	Frequency (%)			ES[b] /p-value[c]		
Happiness is within one's control	33 (73.3)	39 (86.7)	41 (91.1)	0.24/0.12	0.07/0.62	0.32/0.04
Family is one of the important factors determines happiness	42 (93.3)	40 (88.9)	42 (93.3)	0.10/0.52	0.00/1.00	0.11/0.47
"Flow" helps us to face daily challenge, and provide a buffer to negative emotions	19 (42.2)	39 (86.7)	36 (80.0)	0.62/<0.001	-0.08/0.60	0.59/<0.001
Making good use of personal strengths can effectively overcome challenges of growth and turn adversity to opportunity	39 (86.7)	45 (100)	42 (93.3)	0.34/0.03	-0.23/0.13	0.23/0.14
If family members can show more appreciation and gratitude towards each other, it can reduce friction and anger in life	45 (100)	43 (95.6)	44 (97.8)	0.11/0.44	-0.14/0.35	-0.03/0.82
Mindfulness can reduce stress and anxiety	25 (55.6)	41 (91.1)	35 (77.8)	0.72/<0.001	-0.24/0.11	0.43/0.01
Learning to savour food can make people more aware of the taste of food	41 (91.1)	43 (95.6)	40 (88.9)	0.27/0.07	-0.19/0.20	0.03/0.85
Optimistic and positive person has higher ability in problem solving (n=44)	42 (95.5)	44 (100)	43 (97.7)	0.04/0.80	0.04/0.81	0.07/0.64

[a]: 6-point likert scale: 1=strongly disagree, 2=somewhat disagree, 3=disagree, 4=agree, 5=somewhat agree, 6=strongly agree
[b]: ES= effect size (Cohen's d): small=0.10, medium=0.50 and large=0.80
[c]: p value for the difference between pre, post training and 6 months follow up

3.2.4.3.2 Enhancement of family communication and FAMILY 3Hs

After conducting the first district-based community programme of the Happy Family Kitchen project, the social workers reflected their positive attitudes in the 6-month follow-up survey, where over 85% agreed that the five principles of positive psychology could help to improve family communication and increase the family's 3Hs (Table 3.4).

Table 3.4 Number (%) of participants who supported the efficacy of the five principles of positive psychology at 6-month follow-up

Components	Frequency (%)
I think the five principles of positive communication can improve:	
Family communication (n=45)	41 (91.1)
Health (n=45)	39 (86.7)
Happiness (n=43)	39 (90.7)
Harmony (n=45)	41 (91.1)

3.2.4.4 Ability to apply positive psychology and its five principles to improving communication

Participants were asked to evaluate their own efficacy in integrating the theory of positive psychology in practice. As shown in Table 3.5, after the training, participants reported their abilities in implementing positive psychology in their programmes significantly increased at post training and also 6 months with moderate to large effect size (all $p<0.001$).

Table 3.5 Participants' ability[a] to apply the five principles of positive psychology over time (n=46)

	Pre-training	Post-training	6-month follow-up	Pre→post	Post→6M	Pre→6M
	Mean score (SD)			ES[b] /p-value[c]		
Bring out the concept of Positive Psychology in programme design	3.11(0.6)	3.61(0.54)	3.47(0.55)	0.80/<0.001	-0.28/0.07	0.50/<0.001
Link the concept of Positive Psychology to family relationship	3.04(0.63)	3.59(0.5)	3.51(0.55)	0.79/<0.001	-0.15/0.32	0.59/<0.001
FAMILY 3Hs						
Apply Positive Psychology to improve family health in programme	2.96(0.67)	3.57(0.54)	3.49(0.66)	0.76/<0.001	-0.15/0.32	0.73/<0.001
Apply Positive Psychology to improve family happiness in programme	3.07(0.68)	3.61(0.54)	3.53(0.66)	0.79/<0.001	-0.15/0.32	0.71/<0.001
Apply Positive Psychology to improve family harmony in programme	3.07(0.68)	3.57(0.54)	3.53(0.66)	0.76/<0.001	-0.08/0.60	0.67/<0.001

[a]: 5-point likert scale: 1=very weak, 2=weak, 3=average, 4=strong, 5=very strong
[b]: ES= effect size (Cohen's d): small=0.10, medium=0.50 and large=0.80
[c]: p value for the difference between pre, post training and 6 months follow up

Across the 6-month period, 69.8% of the respondents agreed that their competence had increased, while 72.7% found themselves more confident in applying the five principles of positive communication in their future programme plans (Table 3.6).

Table 3.6 The ability and confidence of applying Positive Psychology 6 months after the training

	Frequency (%)	
	Neutral	Agree or Strongly agree
I have improved my ability to apply the five principles of positive communication in programme design (n=43)	13 (30.2)	30 (69.8)
I have improved my confidence to apply the five principles of positive communication in programme design (n=44)	12 (27.3)	32 (72.7)

3.2.4.5 Motivation for practicing positive psychology

3.2.4.5.1 Frequency of practicing positive psychology after training

In the post-training and the 6-month follow-up, the intention and behaviour of participants' practice of positive psychology implementation were evaluated. Two-thirds of the respondents brought out the concept of positive psychology more frequently at the 6-month follow-up, while 75.6% extended involvement of the five principles into their other programme designs.

The results also showed that the trained social workers encouraged participating families to advance family relationships and 3Hs using the concepts of positive psychology more often during the 6-month post-training period (all $p<0.001$). Moreover, they delivered the ideas of the five principles more frequently to the participants (all $p<0.05$). These results supported that the training was effective in motivating the social workers to integrate training content with programme design (Table 3.7).

Table 3.7 The frequency of practicing positive psychology after training (n=46)

	Post-training	6-month follow-up	
In the past 6 months, how often did you encourage the activity participants to do the followings [a]:	Mean(SD)	Mean(SD)	ES[b] /p-value[c]
Positive Psychology			
Link the concept of Positive Psychology to family relationship	2.39(1.16)	3.50(0.94)	1.05/<0.001
Apply Positive Psychology to improve family health	2.33(1.16)	3.33(0.90)	0.90/<0.001
Apply Positive Psychology to improve family happiness (n=45)	2.37(1.14)	3.49(0.94)	0.98/<0.001
Apply Positive Psychology to improve family harmony	2.37(1.14)	3.43(0.93)	0.90/<0.001
The five principle of positive communication			
Understand the way to happiness of yourself and your family	2.76(1.21)	3.57(0.89)	0.65/<0.001
Share happy experience with family	2.98(1.29)	3.70(0.87)	0.52/<0.001
Understand the relationship between different foods and emotions	2.35(1.10)	3.09(0.96)	0.63/<0.001
Get involve in activity with family and experience flow (n=45)	2.37(1.14)	3.00(0.83)	0.53/<0.001
Explore strengths of family members	2.89(1.14)	3.70(0.81)	0.70/<0.001
Praise family members	3.02(1.11)	3.83(0.85)	0.70/<0.001
Express appreciation towards family member's performance	3.02(1.11)	3.80(0.88)	0.69/<0.001
Develop resilience	2.80(1.29)	3.37(1.00)	0.48/<0.001
Savour the taste of food and share the experience with family	2.41(1.26)	3.09(1.07)	0.49/<0.001
Reduce dining speed	2.37(1.20)	2.98(1.13)	0.47/<0.001
Cook/ choose food with the principal of low fat, low sodium, low sugar and high fiber ("3 low 1 high" rule)	2.41(1.05)	3.24(1.10)	0.65/<0.001
Involved or helped to cook/ prepare/ clear/ wash dishes	2.76(1.40)	3.65(1.08)	0.62/<0.001
Understand the "Food Pyramid"	2.67(1.30)	3.22(1.11)	0.38/0.01

[a]: Answers are ranged 1 to 5, 1 = Never; 2 = Rarely; 3 = Often; 4 = Sometimes; 5 = Always
[b]: ES=effect size (r), small=0.10, medium=0.30 and large=0.50
[c]: p value for the difference between pre, post training and 6 months follow up

3.2.4.5.2 Participants' intention to implement training content in future programme design

Table 3.8 shows only a handful (5 out of 46) of the participants found it difficult to apply the training content in programme design in the future at the 6-month follow-up survey. In addition, 58.1% planned to use the strategies of positive psychology for future activities beyond this project.

Table 3.8 Participants' intention to implement the training content into their future programme design at 6-month

		Frequency (%)
How difficult do you think it is to apply the training content in programme design?		
	Difficult	5 (11.1)
	Average	24 (53.3)
	Easy	15 (33.3)
Will you try to apply elements of positive psychology in the activities beyond this project?		
	Yes	25 (58.1)
	No	1 (2.3)
	Not sure	17 (39.5)

3.2.4.5.3 The principles which respondents were most interested in practicing

Table 3.9 shows among the five principles of positive communication, 21 (48.8%) respondents preferred implementing the concept of "Eat with gratitude and praise" into their future programme design. The rank order of the other principles was "Eat with happiness" (39.5%), "Eat with health" (9.3%), "Eat with savouring" (7.0%) and "Eat with flow" (4.7%). It is not surprising that only a minority preferred applying "Eat with flow" and "Eat with savouring" to their programme design, because participants seemed to have a lower understanding of and capacity to apply these two concepts, as reported above. Another reason could be the greater difficulty in translating the concepts into actual interventions and behavioural changes.

Table 3.9 Percentage of participants choosing each of the principles of positive communication as their first priority in programme design

Rank	Principles of positive communication	Frequency (%) (N=43)
1	Eat with gratitude and praise	21 (48.8)
2	Eat with happiness	17 (39.5)
3	Eat with health	4 (9.3)
4	Eat with savouring	3 (7.0)
5	Eat with flow	2 (4.7)

3.2.4.5.4 Long term influence on social workers and organizations

Questions about the long term influence on the social workers and their organizations were asked in 6-month follow-up survey. More than half (60%) of social workers reported there was improvement on their programme design or implementation after learning the five principles of positive communication. About half reported there was improvement on developing family programmes or policy for their organizations after Train-the-trainers programme. 58.1% planned to apply the five principles of positive communication in the programme design of activities beyond Happy Family Kitchen project in the future. 75.6% planned to share the knowledge and skills learnt with other colleagues or organizations.

3.2.4.6 Overall evaluation by the participants immediately after the training

As shown in Table 3.10, the majority (93.9%) of respondents was satisfied and rated the overall training good or very good. In addition, over 87% rated the content, variation, quality and level of utility good or very good.

Table 3.10 Overall evaluations by the participants

	Frequency (%) (N=49)		
	Improvement needed	Average	Good or Very good
Training content	0 (0)	5 (10.2)	44 (89.8)
Training arrangements	1 (2.0)	7 (14.3)	41 (83.7)
Training variation	1 (2.0)	4 (8.2)	44 (89.8)
Audio-visual aids used in training	1 (2.0)	8 (16.3)	40 (81.6)
Opportunities for discussion	0 (0)	9 (18.4)	40 (81.6)
Number of training sessions	1 (2.0)	8 (16.3)	40 (81.6)
Time management	2 (4.1)	6 (12.2)	41 (83.7)
Venue arrangements	2 (4.1)	8 (16.3)	39 (79.6)
Training quality in general	0 (0)	6 (12.2)	43 (87.8)
Level of utility of overall training content	2 (4.1)	4 (8.2)	43 (87.8)
Overall satisfaction	0 (0)	3 (6.1)	46 (93.9)

3.2.5 Discussion

3.2.5.1 Strengthening motivation for using the five principles of positive psychology to improve communication

In general, the Train-the-trainers programme was effective in improving knowledge and changing attitude towards the efficacy, ability and motivation of applying the five principles of positive psychology to improve communication among participants. Most of the participants (48.8%) preferred applying "Eat with gratitude and praise" for their programme design. In fact, in the design and implementation of the sequent Happy Family Kitchen project, that principle was selected by 13 out of 23 (56.5%) participating service units as the main theme of their district-based community programmes (see Chapter 4).

The reason that "Eat with gratitude and praise" gained the highest level of popularity might be because the concept is very straightforward and may be easier to implement and apply to daily life. Other principles, however, seem somewhat vague and relatively difficult for people to understand, especially those with lower education level. Many social workers also felt that they did not have the professional background and adequate knowledge and skills to implement healthy eating programmes. To enhance the attractiveness of the principles of savouring, flow and health, clearer illustrations, more everyday examples and more detailed explanation of these topics are needed.

3.2.5.2 Effectiveness of the strategies used in the training sessions

Certain teaching and learning strategies, such as engaging games, experiential activities, sharing sessions and group discussions, were adopted in the training sessions to deliver the concepts of positive psychology in a simple way, and were found effective and enjoyable by most participants. These techniques had contributed to enhancing the effectiveness of the programme.

3.2.5.3 Increasing the attractiveness of Randomized Controlled Trial (RCT) and evidence-based evaluation sessions

The "Introduction to RCT" and "Evidence-based evaluation" sessions could be enhanced by providing more practical examples and allowing more time, since these concepts and methods were new to the social workers. Understanding the methodology of rigorous evaluation and evidence generation are important for evidence-based practice and future sustainability of such programmes.

3.2.5.4 Lengthening the follow-up

After the Train-the-trainers programme, the participants were followed up for six months which showed sustained positive outcomes. It would be useful to know whether these effects can be sustained for a longer period (e.g., 12 months). Hence, a 12-month follow-up survey was conducted to examine the long-term effects of the Train-the-trainers programme, and the results would be available later.

3.2.6 Conclusions

The social workers from the participating organizations had been benefited from the Train-the-trainers programme. In general, they showed:

- High acceptability of the training session;
- Improved knowledge and skills;
- Increased support for positive psychology;
- Enhanced competence in applying the five principles of positive psychology;
- Willingness to implement positive psychology in programme design;
- Strong likelihood of using the concept of positive psychology in community-based programme design;
- Willingness to share their learning with others.

The success of the training programme was the result of the efforts of instructors and organizers and a strong academic-social service sector partnership between The University of Hong Kong, The Hong Kong Council of Social Service and other collaborators. The results of the study should be disseminated widely in the community to support and guide future studies and services, and to bring new benefits to the social service and scientific communities, and the families.

3.3 LAUNCHING CEREMONY

3.3.1 Introduction

The launching ceremony for this project was held on December 18, 2010 at the Shun Tak Fraternal Association Yung Yau College in Tin Shui Wai. The theme of the event was “Positive family, genuine happiness”. The Hong Kong Jockey Club’s Executive Director, Charities, Mr. Douglas So, joined the Director of Social Welfare, Mr. Patrick Nip; HKCSS Chief Executive, Ms. Christine Fang; FAMILY Project Principal Investigator, Prof. Lam Tai Hing and renowned gourmet and author Mr. Chua Lam to officiate the launching ceremony of the project.

3.3.2 Objectives

- To raise awareness among community stakeholders and the public in Yuen Long of the FAMILY Project;
- To promote FAMILY 3Hs and positive family values to Yuen Long residents;
- To connect families in Yuen Long with the FAMILY Project.

3.3.3 Procedures of the launching ceremony

The launching ceremony started with a youth magic show, and Mr. Chua Lam then shared his wisdom and experience of family dining. Mr. Douglas So started with his welcoming remarks, followed by Prof. Lam Tai Hing and finally Mr. Patrick Nip gave encouraging remarks and officiated the ceremony. A series of engaging activities included game booths, family workshops and discussion with VIP guests, were held to further enhance the culture of positive family communication among participants. The investigators of the FAMILY Project also set up exhibition boards and distributed leaflets to introduce the Happy Family Kitchen project and the concepts of FAMILY Health,

Happiness and Harmony (3Hs). A total of 746 people attended the ceremony and enjoyed a healthy and joyful family day.

In order to evaluate the participants' perceptions of the event, their FAMILY 3Hs status and their actions on enhancing FAMILY 3Hs, a brief one-page 3Hs Connect questionnaire was administered.

3.3.4 Results of the questionnaire assessment

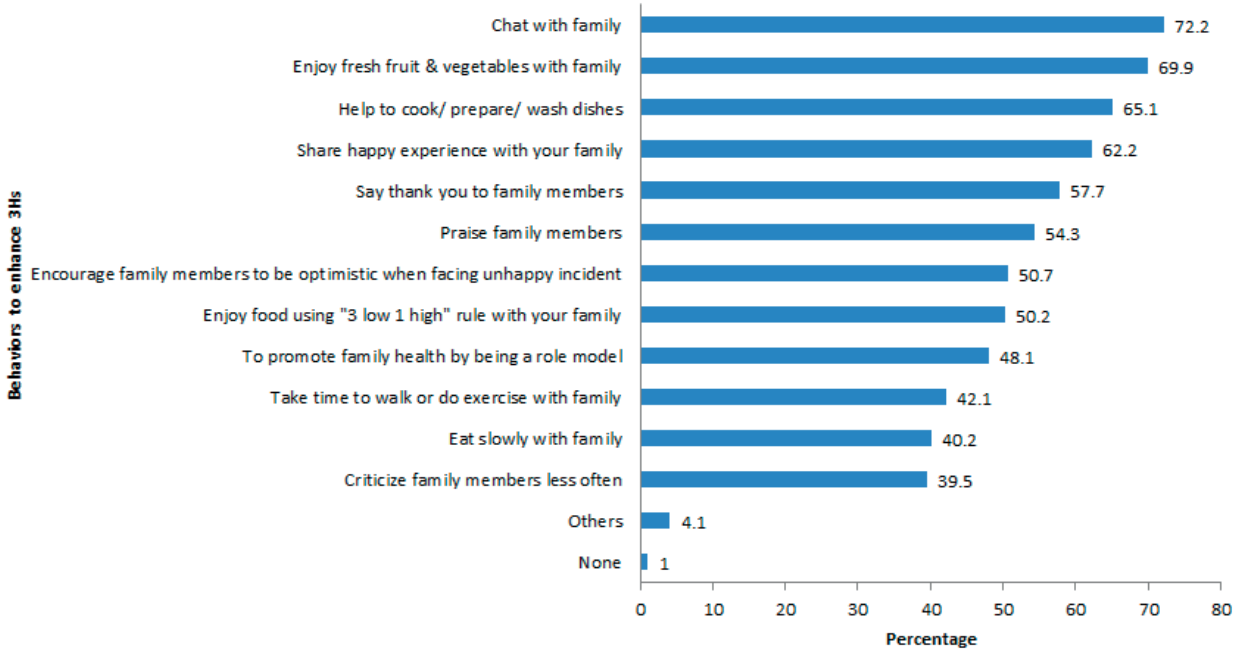
A total of 441 valid questionnaires were received after the ceremony. Of these 441 participants, 68% were female, almost two-thirds were aged 10-44 years, 45.4% were married and half reported having primary education or below.

Time spent on daily communication with family members was assessed. The average daily family communication time of the participants (n=388) in the past seven days was 69.53 minutes (SD=99.46). Almost 60% of the participants (n=388) spent less than an hour a day communicating with their family, and only 18% spent more than two hours a day chatting with other family members. Participants were also asked to rate their family happiness, health and harmony on a scale of 1 to 10, 1 = not at all happy, healthy or harmonious, and 10 = very happy, healthy or harmonious. The mean scores for family happiness, health and harmony among the participants were 8.26, 8.30 and 8.33 respectively, which were very high.

Participants' actions on enhancing their FAMILY 3Hs within the past three months were also investigated (Figure 3.1). Chatting with family members was the most common action (72.2%) reported (n=418). Apart from "others", the least common action was "criticize family members less often" (39.5%). Only 1% of the participants did nothing to enhance their FAMILY 3Hs.

Figure 3.1 Participants' actions on enhancing their FAMILY 3Hs within the past 3 months

(過去的三個月，你曾主動做什麼來增加你的「家有康和樂」— 家庭健康、快樂及和諧？)



Note: Percentage calculation based on 441 respondents

Participants' satisfaction with and perceived usefulness of the event were also evaluated. The average score was 8.31 out of 10 on satisfaction with the event (where 1 = very dissatisfied and 10 = very satisfied); and 7.97 out of 10 for the perceived usefulness of the event content in achieving FAMILY 3Hs (where 1 = not at all helpful and 10 = very helpful), which were high.

3.3.5 Discussion

The launching ceremony served as a starting platform to promote the Happy Family Kitchen project to the public, and provided information on the current FAMILY 3Hs status in Yuen Long. According to the questionnaire assessment, the average self-rated scores for family happiness, health and harmony were all high, at over 8 out of 10, indicating that most participants perceived their families as happy, healthy and harmonious. Similar findings were also observed in other community events held in Sha Tin, Kowloon City and Kwun Tong. No significant differences were observed in the self-rated FAMILY 3Hs scores for these community events. The relatively high scores might be due to the fact that residents attending the ceremony were more likely to have healthy lifestyles [32] and have a tendency to overestimate their 3Hs status, or because they were more likely to have a better 3Hs status than those who did not attend. However, we could not access further the selection or volunteer bias, because convenience recruitment was conducted, and attending the ceremony was voluntary. Hence, the results suggested that the participants probably represented those who would join similar events in Yuen Long, and that large event like this tended to attract those who are quite well in general. Recruitment targeting those less well and more in need of such programme would be a major challenge. Nevertheless, even if the self-rated FAMILY 3Hs scores were high, there was room for further improvement.

Compared with 72 participants attending a community event in Kowloon City on April 17, 2011 at Whampoa Plaza which was 4 months after the launching ceremony, the average daily family communication time in Yuen Long was much longer, 69.53 minutes versus 30.04 minutes ($P<0.05$). The difference was still statistically significant after age, gender, education level and marital status were adjusted. Further research is required to find out the reason for these differences.

The participants' most frequent action in the area of enhancing FAMILY 3Hs was "chat with family members", while the most infrequent action was "criticize family members less often". Similar findings were observed at other community events, indicating that people were aware of the importance and benefits of family communication. However, the skills and quality of family communication were often neglected. As suggested in the findings in the "Hong Kong Family and Health Information Trends Survey" (HK-FHInTs) [33], the methods used to communicate with family members were associated with FAMILY 3Hs. For example, doing housework was not as strong as praising family members in the association with family harmony and happiness. The above findings are invaluable to future planning of interventions, which should put more emphasis on the skills and specific actions as well as the quality of family communication to enhance the public's FAMILY 3Hs.

3.3.6 Conclusions

The launching ceremony successfully raised the awareness of the participants and stakeholders of the Happy Family Kitchen project and the importance of positive family communication in enhancing FAMILY 3Hs. The current FAMILY 3Hs status of and actions taken by the participants in Yuen Long also provided useful results for future intervention planning.

Some key findings were:

- Participants generally perceived their family as happy, healthy and harmonious;
- Participants spent on average 69.53 minutes per day communicating or chatting with their family members;
- The most common action for enhancing FAMILY 3Hs reported by the participants was "chat with family members" while the least acted was "criticize family members less often";
- Participants were aware of the importance and benefits of family communication; however, the skills and quality of family communication were often neglected.

CHAPTER 4

STAGE 2 – DISSEMINATION

4.1 COMMUNITY PROGRAMMES – PLANNING, IMPLEMENTATION AND EVALUATION

4.1.1 Introduction

On completion of the needs assessment, Train-the-trainers programme and launching ceremony, participating organizations designed and conducted their own corresponding community programmes from January to June 2011 under the same framework following the same guiding principles and with the guidance from the project organizers. The programme 1) used community participatory research approach to build an effective partnership in order to engage residents, and strengthen community involvement and participation; 2) used partnership consensus to identify priorities and design intervention(s); 3) recruited local residents and community members or social service units to help with the delivery and sustainability of the target intervention(s).

This stage provided the foundation of the intervention by specifying who and what would change as a result of that intervention, developed with and guided by the evaluations tools. The aim was to establish a set of matrices of selected ecological levels (i.e. individual, family, community) that combined performance objectives for each level with the selected determinants required to produce the specified and measureable outcomes.

We developed an evaluation framework designed to enable all partners to monitor its activities, evaluate the programme's performance and efficacy and the social service units' and participants' satisfaction, to ensure that the interventions and outcomes were relevant to the needs of community and the results could be analysed together.

4.1.2 Objectives

- To determine the efficacy of using the five principles of positive psychology to improve family communication;
- To test the changes in participants' behaviour after attending the community programme;
- To determine whether the programme can improve FAMILY 3Hs.

4.1.3 Programme planning

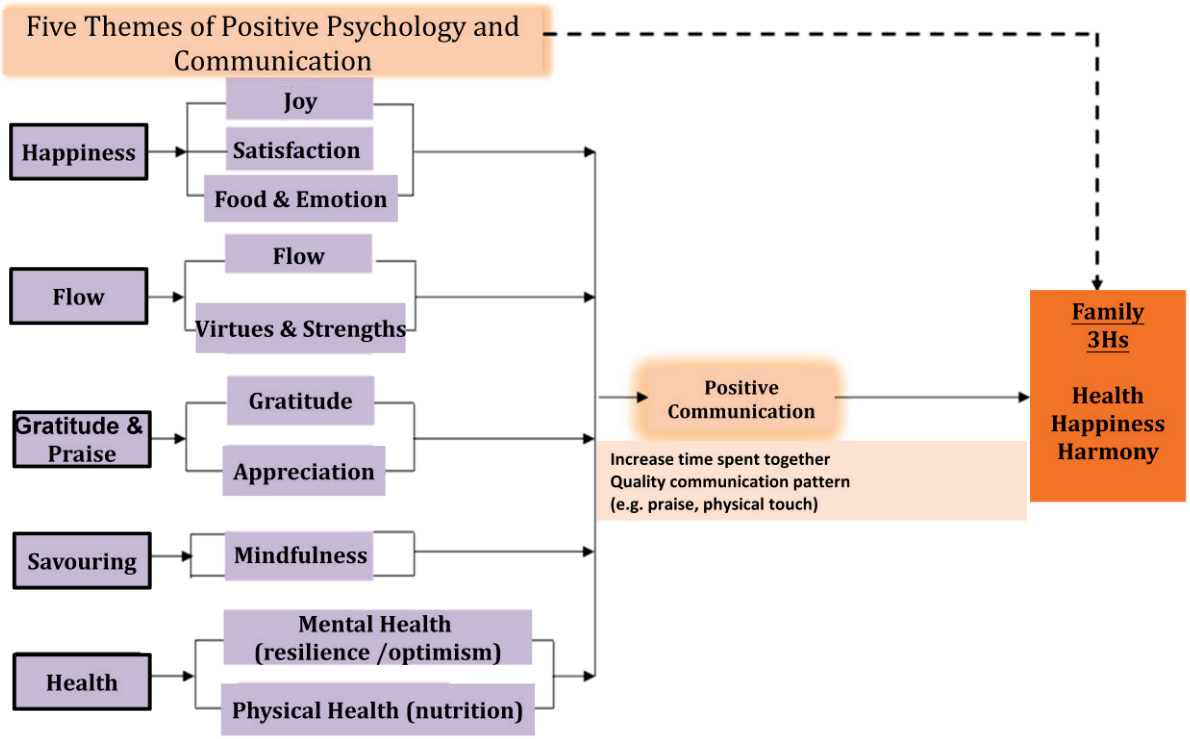
4.1.3.1 Conceptual framework of the community intervention programmes

The five principles of positive psychology used in this project to improve communication were gratitude and praise, flow, happiness, health, and savouring.

"Gratitude and praise" are a combination of the expression of thankfulness and an emotional sense of appreciation. "Flow" is a concentrated personal experience involving an ecstatic psychological state, achieved by people completing a challenge through their own strength and skills. "Happiness" is positive emotion and psychological state. It can be expressed in both cognitive and affective aspects. Different levels of happiness include short periods of pleasures/joyfulness from external stimulation without thought or consideration and longer periods of gratification/satisfaction triggered after doing something that we love to do. "Health" can be separated into two aspects, mental and physical. For the former, the project focused on the development of positive thought and on improving resilience. For the latter, nutrition was highlighted throughout the project promotion. "Savouring" is not just a technique of relaxation, but also an attitude of facing life – living in the present moment. It combines mindfulness in observation with non-judgmental attitudes.

We integrated these five themes into a conceptual framework for our community intervention programmes. Figure 4.1 shows this conceptual framework, where the five themes were the basic units. Throughout the thematic programmes, participants would experience the components of one of the theme: joyfulness and satisfaction in happiness; flow and ecstasy in flow; appreciation and thankfulness expressed in gratitude, mindfulness in savouring and resilience or a healthy diet in health. It was hypothesized that changes in behaviour through the five-theme programme would improve positive communication within families by increasing their communication time or patterns, and such enhancement would lead to the hypothesized enhanced FAMILY Health, Happiness and Harmony.

Figure 4.1 Conceptual framework of the Happy Family Kitchen intervention programmes



4.1.3.2 Intervention activities designed by social service units

The Happy Family Kitchen project was planned and implemented through a CBPR approach, hence the specific intervention activity must be designed and implemented by the community partners. The Hong Kong Council of Social Service collaborated with The University of Hong Kong team to lead and supervise the community programmes. The HKCSS is a non-government organization (NGO) with around 400 NGO agency members in Hong Kong, which the agency members provide over 90% of the social welfare services for those in need through their 3,000 service units all over Hong Kong. In this project, the HKCSS mobilized local social service units to plan and implement programmes for families in Yuen Long with the central theme of "cooking and eating", in order to strengthen family communication through specially designed positive psychology activities.

A total of 19 participated organizations (23 units) designed and organized community-based programmes for 1,000 families in Yuen Long. The 1,000 families was the target in the funding application to The Hong Kong Jockey Club Charities Trust, which was considered feasible and should have a sufficient sample size for detecting a small to moderate effect size. The trained social workers from the organizations designed these community-based programmes to focus on one of the five principles of positive psychology to improve family communication in their service settings. They emphasised positive family communication using family cooking and/or dining as a platform. Each activity-based programme consisted of two core sessions and one booster session, each with at least one hour per session. The intensity (number of sessions and duration) was less than many usual preventive programmes of social service units in Hong Kong (and elsewhere) but should be more attractive to busy partners. Although only small to moderate effect size was expected, the costs would be lower, and cost effectiveness could be higher than more intensive/lengthy programmes. The detailed programme design and content should consider the characteristics and meet the needs of the specific users (e.g. families with school-age children, families with elderly members).

To ensure adherence to the guiding principles, and the consistency and quality of programmes, participating organizations submitted proposals for their own programmes to the vetting committee for approval before implementation. The requirements for each intervention programme were:

- Target population: to recruit not less than 50 families for each programme;
- Programme structure: 2 core intervention sessions + 1 booster session (6 weeks after first session);
- Theme: select one of five designated themes of positive psychology;
- Programme delivery: by social work practitioners;
- Maximum budget: HK$10,000.

From November 24 to December 23, 2010, we received a total of 23 proposals from 23 units of 19 organizations. After the critical review by the vetting committee, feedback was given and revision was done by the participating organizations. Finally all 23 proposals were approved with funding granted. Table 4.1 shows the units of participating organizations and their intervention activities.

4.1.4 Programme implementation

4.1.4.1 Recruitment of participants

The community programmes aimed to recruit at least 1,000 families of Yuen Long residents in total, with each family containing at least two family members aged six or above. An ability to communicate in Chinese was also required. To recruit such number of subjects, which was greater than many of their usual activities, the participating organizations used different strategies, such as outreach recruitment on the streets, phone invitations, face-to-face invitations at service centres, social workers' referrals and home visits to their usual clients. Some organizations promoted the programmes on their websites and in their newsletters. Further recruitment strategies involved keeping the programme fee low, collaboration with schools and outdoor trips.

4.1.4.2 Intervention activities

Table 4.1 Intervention activities by participating social service units (n=23)

Unit	Programme name	Theme
Social Welfare Department Family and Child Protective Services Unit (Yuen Long) 社會福利署 保護家庭及兒童服務課(元朗)	美饌、讚美	Gratitude
Caritas Hong Kong Caritas Elderly Centre - Tin Yuet 香港明愛 明愛天悅長者中心	健康美食樂天倫日營	Gratitude
Caritas Hong Kong Caritas Integrated Family Service Centre - Tin Shui Wai 香港明愛 明愛天水圍綜合家庭服務中心	農家樂體驗	Gratitude
Chinese YMCA of Hong Kong Tin Shui Wai Tin Ching Centre 香港中華基督教青年會 天水圍天晴會所	親子樂逍遙	Health
Chinese YMCA of Hong Kong Tin Shui Wai Tin Chak Centre 香港中華基督教青年會 天水圍天澤會所	親子甜甜樂	
The Church of United Brethren in Christ Yuen Long Social Service Centre 基督教協基會 元朗社會服務中心	「齊讚美」「齊細味」體驗活動	Gratitude
The Evangelical Lutheran Church of Hong Kong Tin Shui Wai Integrated Youth Service Centre 基督教香港信義會 天水圍青少年綜合服務中心	家家有本快樂食譜	Happiness
Hong Kong Sheng Kung Hui Welfare Council St. Matthias' Integrated Services 香港聖公會福利協會 聖馬提亞綜合服務	入廚樂天倫	Gratitude
Hong Kong Young Women's Christian Association Jockey Club Tin Shui Wai Integrated Social Service Centre 香港基督教女青年會 賽馬會天水圍綜合社會服務處	有「營」家庭嘗投入	Flow
International Social Service Hong Kong Branch Tin Shui Wai (North) Integrated Family Service Centre 香港國際社會服務社 天水圍(北)綜合家庭服務中心	家庭樂聚餐	Gratitude
The Neighbourhood Advice-Action Council Living Under the Bright Sky - A Family and Community Networking Project in Tin Shui Wai 鄰舍輔導會 晴天行動 — 家庭鄰舍網絡發展計劃	快樂家庭日營	Health

New Life Psychiatric Rehabilitation Association The Wellness Centre (Tin Shui Wai) 新生精神康復會 安泰軒（天水圍）	「泰」健康「煮」意	Happiness
Po Leung Kuk Lau Chan Siu Po Integrated Rehabilitation Centre 保良局 劉陳小寶綜合復康中心 Po Leung Kuk Tin Chak Hostel & Workshop 保良局 天澤宿舍及工場	家家樂融融	Flow
Pok Oi Hospital Mrs Wong Tung Yuen District Elderly Community Centre 博愛醫院 王東源夫人長者地區中心	開心日誌	Happiness
The Salvation Army Ngau Tam Mei Community Development Project 救世軍 牛潭尾社區發展計劃	溫馨和諧聚滿家	Gratitude
SAHK Tin Yiu Hostel 香港耀能協會 天耀宿舍	家家食出真滋味	Savouring
St. James' Settlement TeenS' World 聖雅各福群會 青苗新天地	心甜之作	Gratitude
Tung Wah Group of Hospitals Jockey Club Tin Shui Wai Integrated Services Centre 東華三院 賽馬會天水圍綜合服務中心	田園廚房、草莓凍餅製作班	Gratitude
Yan Chai Hospital 24th Term Board of Directors Social Services Centre 仁濟醫院 第廿四屆董事局社會服務中心	家家甜在心計劃	Gratitude
Yan Oi Tong Siu Cheng Suk Ching Community Support Centre 仁愛堂 蕭鄭淑貞「仁間有愛」社區支援中心	親子入廚樂	Gratitude
Yuen Long Town Hall Jockey Club Yuen Long Children & Youth Integrated Service Centre 元朗大會堂 賽馬會元朗青少年綜合服務中心	愛心氏家庭菜譜	Gratitude
Yuen Long Town Hall 元朗大會堂	開心飯局	Gratitude

4.1.4.2.1 Intervention evaluation

A series of questionnaires were developed to evaluate the effectiveness of the intervention programmes. Five sets of questionnaires were designed according to the five principles of positive psychology. The questionnaires had several parts: demographic information, family communication time and frequency, family communication scale, behaviour changes according to the five intervention themes, happiness scale, harmony scale, and self-rated family happiness, harmony and health. They were similar, except the theme specific questions.

The questionnaire evaluation was conducted at four time points: pre-intervention (baseline evaluation, T1), immediate post-intervention (T2, which ranged from 0-30 days from baseline T1, depending on the intervention timing), six weeks after core intervention session (immediate post-booster session) and 12 weeks after core intervention session. At the baseline evaluation (T1), we collected information from participants on their demographic characteristics, family communication status and 3Hs status, and their opinions of the specified one of five positive psychology principles to improve communication. After the last core intervention session (T2), we immediately assessed the participants again for recognition of their family communication status, 3Hs status and their opinion changes in the specified one of five positive psychology principles. Six weeks later, the booster activity was held in order to consolidate the effect of the core intervention sessions. After the booster session, we used the questionnaire to assess behaviour changes and track changes in family communication and 3Hs and examine any barriers to implementing the activities proposed in the programme (T3). The last evaluation (T4) was conducted 12 weeks after the last intervention session after T2 with the participants completing a three-month follow-up questionnaire to measure the medium-term effect of the community programme on family communication and 3Hs.

Family Communication Scale (10 items, range from 0 to 100), Individual Health Score (1 item, range from 1 to 5), Family Health Score (1 item, range from 0 to 10), Individual Happiness Scale (4 items, range from 0 to 100), Family Happiness Score (1 item, range from 0 to 10), Family Harmony Scale (8 items, range from 0 to 100) and Family Harmony Score (1 item, range from 0 to 10), were assessed at baseline (T1), immediately post-intervention (T2), six weeks post-intervention (T3), and 12 weeks post-intervention (T4). In addition, participants' behaviour corresponding to the study's intervention theme and daily communication time (in minutes), were assessed at baseline, and at six (T3) and 12 weeks (T4) post-intervention.

Social service providers, volunteers from the organizations and student helpers from The University of Hong Kong were also involved in the data collection process, which was led and supervised by HKU researchers. The majority of the questionnaires were completed by the participants themselves and for some groups, such as the elderly, children or rehabilitated subjects, individual assistance was provided by social workers, volunteers or student helpers to ensure the quality of data collected.

Additionally, the organizations were requested to complete a document – behavioural checklist for further documentation and illustration of their programme objectives and content.

4.1.4.2.2 Statistical analysis

Several methods of analysis were conducted. Baseline characteristics of the participants were described using frequencies and percentages for categorical variables and means and standard deviations for continuous variables. To examine the effectiveness of the interventions, data from T2, T3 and T4 assessments were compared with baseline to examine any differences, using a mixed model to account for the correlations within the same family, as well as between families. Analysis was done on a modified intention-to-treat (mITT) basis, which included subjects who completed at least one follow-up assessment at six or 12 weeks. We excluded those who did not provide data for either of the two follow-up assessments as they were not really serious about participation. For the two time point comparison, data from participants with missing data due to dropout after baseline assessment or missed assessments were imputed from the baseline values (i.e. assuming no changes). In addition, if results showed a significant difference from the intervention at T3, then T4 data was also compared with T3 to test if the difference continued to be observed. Finally, the differences were analysed by theme and implementation performance. Because of small sample size, especially for sub-group analysis, some non-significant differences were considered remarkable and are highlighted here.

In addition to the above analysis methods, we used the following alternative methods: last observation carried forward (LOCF) for imputation of missing data in the modified intention-to-treat sample, and complete case analysis. The results were consistent for all the methods.

All analyses were performed with SPSS 20.0. A p-value of less than 0.05 was considered statistically significant and effect size (Cohen's d) was computed to measure the size of difference. A positive effect size indicated an increase in the mean score of the outcome, while a negative effect size indicated a decrease. An effect size of 0.1 to 0.5 was considered as a small effect, 0.5 to 0.8 as a medium effect, and 0.8 or above as a large effect.

4.1.5 Results

4.1.5.1 Attendance status and valid questionnaires received in the whole community programme

The participating social services units designed 23 district-based community programmes for their recruited participants and these were implemented from January to June 2011. A total of 1,006 families were involved, with 2,447 people attending (Table 4.2). Details of attendance status and valid questionnaires received are shown in Figure 4.2.

Table 4.2 Attendance status according to recruitment by 23 service units

	Enrolled families	Attendance			
		Participated		Fulfilled inclusion criterion*	
		Families	Individuals	Families	Individuals
23 social service units in total	34	30	75	30	75
	40	38	76	38	76
	46	44	114	42	112
	67	60	168	60	168
	49	41	107	41	107
	51	50	121	43	114
	56	48	107	48	107
	58	53	140	53	140
	62	56	165	55	164
	53	54	148	54	148
	71	68	180	68	180
	50	48	98	48	98
	55	50	99	50	99
	28	26	59	21	54
	29	27	53	24	50
	44	42	93	41	92
	84	67	178	65	176
	45	41	104	41	104
	65	55	126	54	125
	65	51	118	50	117
	58	57	118	57	118
Total	1,110	1,006	2,447	983	2,424

* Families consist of at least two members aged 6 or above

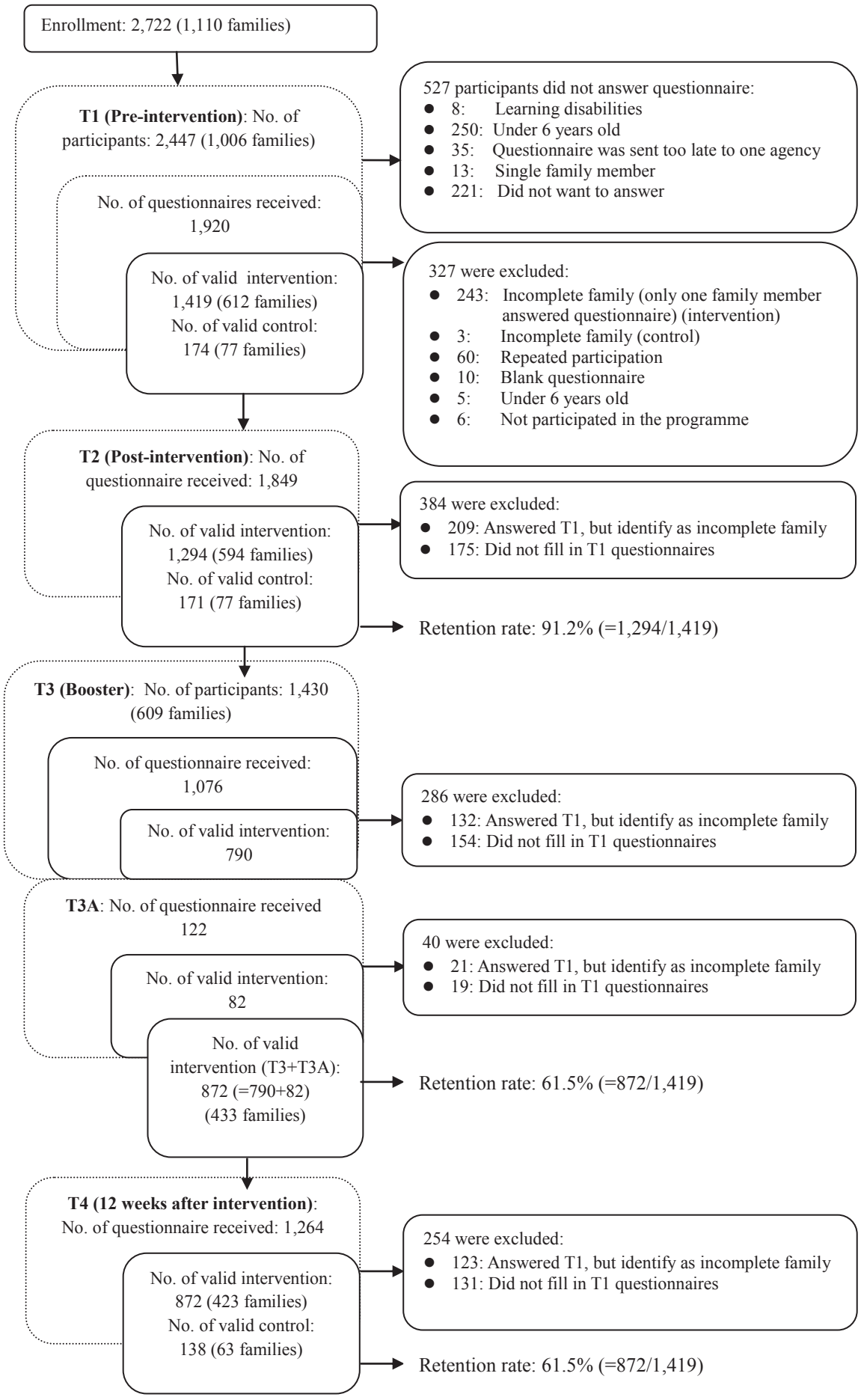
A total of 2,722 individuals from 1,110 families enrolled in the community programmes, with 2,447 people from 1,006 families eventually attending the baseline/first session. 527 participants did not complete the baseline (T1) questionnaires, for several reasons: 8 had learning disabilities, 35 did not receive questionnaires before the programme, 250 were under six years old, 13 attended the programme alone and the remaining 221 refused. Finally, 1,920 baseline (T1) questionnaires were received. Among these, 1,419 from 612 families were considered valid for final data analysis. 174 questionnaires collected from certain social service units were considered as control group data, because these service units had set up a control group for their intervention activities. Because of the control group arrangements, these participants did not receive any intervention, and their 174 questionnaires were therefore excluded from final data analysis. 327 more subjects were also excluded: 243 from intervention and 3 from control groups were found to be from incomplete families (only 1 family member attended the intervention programme), 60 had duplicated participation, 10 submitted blank questionnaires, 5 were under 6 years old, and the remaining 6 completed the questionnaire before but absent from the programme.

In the post-intervention measurement after the programmes (T2), a total of 1,849 questionnaires were received with 1,294 (594 families, 1,294 individuals) considered valid for data analysis. The retention rate by individual was 91.2%. 384 participants were excluded because 209 were identified as from incomplete families at T1 and another 175 had not completed the baseline questionnaire.

After six weeks, these subjects were asked to attend the booster session and completed the booster questionnaire (T3) after the intervention. However, only 1,430 subjects from 609 families attended these sessions. The reasons for the loss of subjects included long gap between core and booster sessions, festival and weather influences, personal commitments, lack of resources and incentives. Problems were noted where different family members attended different sessions. This resulted in a total of only 1,076 T3 questionnaires received, with 326 subjects also excluded from the analysis, because 153 were identified as from incomplete families at baseline and 173 had not responded at baseline. All these reasons led to a final total of 872 questionnaires from 433 families being valid for data analysis, a retention rate of 61.5%.

The number of questionnaires received 12 weeks after the intervention increased slightly. However, some subjects lost contact and others did not return the questionnaires because they were infrequent users of the organization's services. A final total of 1,264 T4 questionnaires were collected, and 872 valid questionnaires from 423 complete families were used for data analysis. The retention rate was 61.5%. 254 subjects were excluded, 123 from incomplete families at baseline and 131 had not completed the baseline questionnaire.

Figure 4.2 Number of participants and valid questionnaires received at four time points



4.1.5.2 Socio-demographic characteristics of the participants and baseline family communication, family happiness, harmony and health scores

Table 4.3 shows baseline characteristics of the participants (n=1419). The majority (59.3%) was over 18 years of age and 65.0% were female. Among adults, 23.6% had only primary education, 78.8% were married, 48.9% were housewives, and 60.7% lived in public estates.

Table 4.3 Baseline characteristics of the participants

	Total (n=1419)	Adult (n=871)
	N (%)	N (%)
Age		
6-9	255 (19.0%)	/
10-17	293 (21.8%)	/
18-44	456 (33.9%)	456 (57.2%)
45-64	212 (15.8%)	212 (26.6%)
65+	129 (9.6%)	129 (16.2%)
Gender		
Male	465 (35.0%)	197 (25.9%)
Female	865 (65.0%)	565 (74.1%)
Birthplace		
Hong Kong	812 (59.7%)	343 (43.8%)
Guangdong Province	353 (25.9%)	275 (35.1%)
Other province in China	158 (11.6%)	137 (17.5%)
Other	38 (2.8%)	29 (3.7%)
Length of residence in Hong Kong		
1 year or less	21 (1.5%)	8 (1.0%)
2-3 years	46 (3.4%)	29 (3.7%)
4-6 years	167 (12.3%)	85 (10.8%)
7 years or more	1114 (82.0%)	662 (83.9%)
Marital status		
Single	563 (41.9%)	74 (9.4%)
Married	655 (48.7%)	621 (78.8%)
Others	126 (9.4%)	93 (11.8%)

Education		
No formal education	57 (4.2%)	44 (5.6%)
Primary	634 (46.6%)	186 (23.6%)
Secondary 1-3	332 (24.4%)	247 (31.3%)
Secondary 4-5	243 (17.9%)	222 (28.1%)
Matriculated (Secondary 6-7)	36 (2.6%)	33 (4.2%)
Tertiary, non-degree	22 (1.6%)	22 (2.8%)
Tertiary, degree or above	37 (2.7%)	35 (4.4%)
Working status		
Student	564 (41.5%)	26 (3.3%)
Self-employed	38 (2.8%)	36 (4.6%)
Employed	200 (14.7%)	185 (23.6%)
Job-seeking/unemployed	33 (2.4%)	31 (4%)
Housewife	399 (29.3%)	383 (48.9%)
Retired	126 (9.3%)	123 (15.7%)
Housing type		
Public estate	903 (66.0%)	480 (60.7%)
Home Ownership Scheme	134 (9.8%)	85 (10.7%)
Private property	242 (17.7%)	170 (21.5%)
Others	90 (6.6%)	56 (7.1%)

Note: Missing values were not included in the analysis

Table 4.4 shows the number of participants that completed assessments at the four time points. Retention rates were 91.2%, 61.5%, and 61.5% respectively for immediately post-intervention (T2), six weeks (T3) and 12 weeks (T4) post-intervention. 255 children aged from 6 to 9 years old and 287 adult participants who missed both six (T3) and 12 weeks (T4) post-intervention assessments were excluded in the subsequent analysis.

Table 4.4 Retention rate at post-intervention, six weeks post-intervention, and 12 weeks post-intervention

	Pre-intervention (individual/ family)**	Post-intervention (individual/ family)	Six weeks post intervention (individual/ family)	12 weeks post intervention (individual/ family)
Number of eligible* individuals/families	1419/ 612	1419/ 612	1419/ 612	1419/ 612
Number of participants that completed follow-up assessments	N/A	1294/ 594	872/ 433	872/ 423
Retention rate	N/A	91.2%	61.5%	61.5%

* Aged 6 and above

** A family included at least two family members who completed the pre-intervention questionnaire

4.1.5.3 Family communication and 3Hs

Results for family communication, communication time, family harmony (1 & 8 items), individual happiness, family happiness, individual health and family health are described using mean and standard deviation in Figures 4.3.1 to 4.3.8.

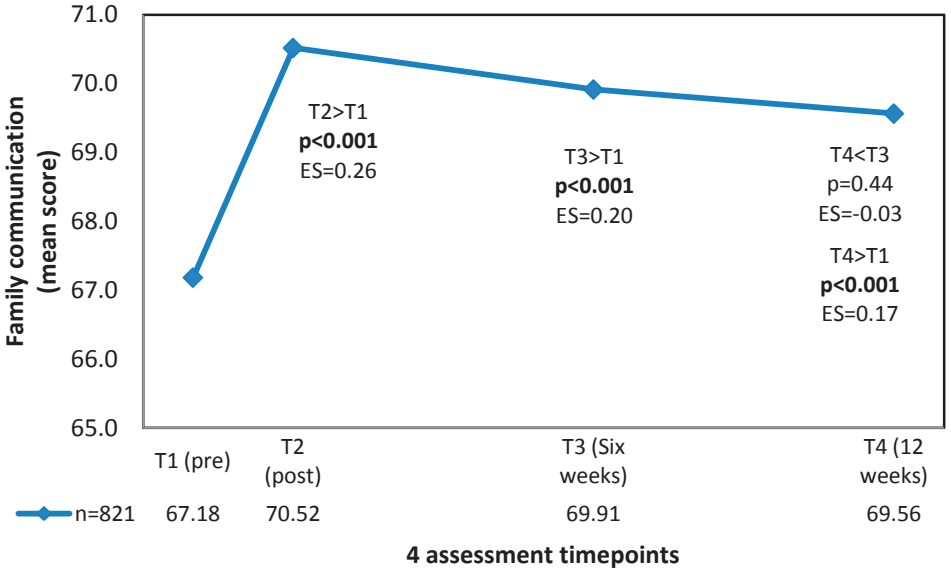
Communication score

Communication was measured with a family communication scale and an estimate of daily communication time. The family communication scale included the following 10 questions on a scale of 1 (strongly agree) to 5 (strongly disagree). For analysis, the scores from the 10 questions were transformed to a total of 100 points. Higher scores indicate better and more positive communication. Questions asked were about overall satisfaction with family communication as well as about specific behaviours.

- Family members are satisfied with how they communicate with each other
- Family members are very good listeners
- Family members express affection to each other
- Family members are able to ask each other for what they want
- Family members can calmly discuss problems with each other
- Family members discuss their ideas and beliefs with each other
- When family members ask questions of each other, they get honest answers
- Family members try to understand each other's feelings
- When angry, family members seldom say negative things about each other
- Family members express their true feelings to each other

Results by mITT showed that, after intervention, the mean family communication score significantly increased with a small effect size immediately post-intervention (T2, ES=0.26, p<0.001), six weeks post-intervention (T3, ES=0.20, p<0.001), and 12 weeks post-intervention (T4, ES=0.17, p<0.001), compared to baseline (Figure 4.3.1).

Figure 4.3.1: Family communication scale (10 items, 0-100)

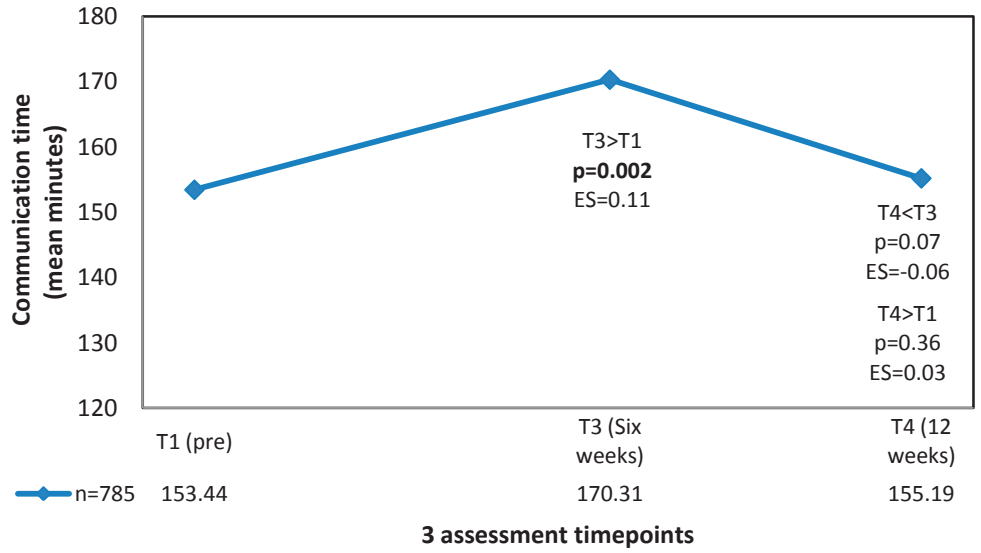


Data is the result of modified intention to treat
(including subjects who completed at least one follow-up assessment)
ES=effect size (Cohen's d), small=0.10, medium=0.50 and large=0.80

Communication time

After intervention, the mean daily family communication time significantly increased with a small effect size at six weeks post-intervention (T3, ES=0.11, p=0.002). However, at 12 weeks post-intervention the mean time decreased to almost the pre-intervention level (T4 versus T3, ES=-0.06, p=0.07; T4 versus T1, ES=0.03, p=0.36) (Figure 4.3.2).

Figure 4.3.2: Family communication time (minutes /day)



Data is the result of modified intention to treat
(including subjects who completed at least one follow-up assessment)
ES=effect size (Cohen's d), small=0.10, medium=0.50 and large=0.80

Family harmony

Family harmony was measured with the following eight questions, on a scale of 1 (strongly agree) to 5 (strongly disagree). For analysis, the scores from the eight questions were transformed to a total of 100 points; higher scores indicate a more harmonious family.

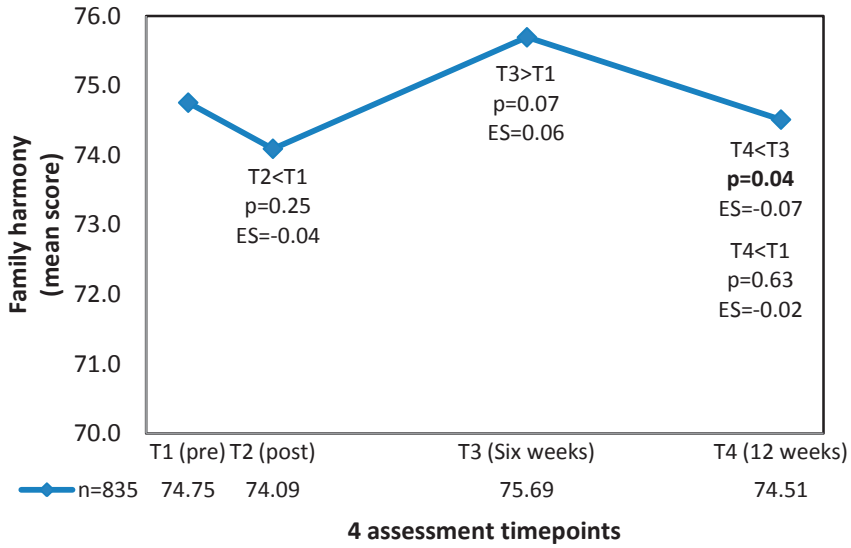
- My family gets along well
- Family members are happy to live together
- Generally, I am content with my family
- Compared with other families, we are very close to each other
- My family's day-to-day interactions are peaceful
- My family is harmonious
- My family functions well for all members
- My family is a happy place to be

Family harmony level was also measured with a single question as shown below, on a scale of 0 to 10. Higher scores indicate a more positive perception of family harmony.

- Do you think your family is harmonious? (0 is not at all harmonious, 10 is very harmonious)

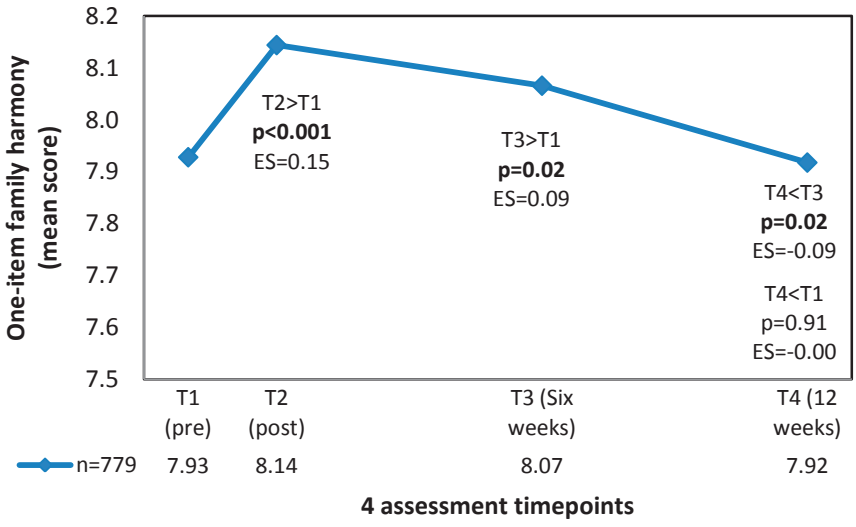
Results showed that after intervention, there was borderline significant increase in the mean score of family harmony scale (8 items) at six weeks post-intervention (T3, ES=0.06, p=0.07) which returned to baseline level at 12 weeks post-intervention (T4, ES=-0.02, p=0.63), compared to baseline (Figure 4.3.3). However, one-item family harmony score significantly increased with a small effect size immediately post-intervention (T2, ES=0.15, p<0.001) and six weeks post-intervention (T3, ES=0.09, p=0.02), which decreased significantly to baseline level at 12 weeks post-intervention (T4 versus T3, ES=-0.09, p=0.02; T4 versus T1, ES=-0.0002, p=0.91) (Figure 4.3.4).

Figure 4.3.3: Family harmony scale (8 items, 0-100)



Data is the result of modified intention to treat
(including subjects who completed at least one follow-up assessment)
ES=effect size (Cohen's d), small=0.10, medium=0.50 and large=0.80

Figure 4.3.4: One-item Family harmony score (1 item, 0-10)



Data is the result of modified intention to treat
(including subjects who completed at least one follow-up assessment)
ES=effect size (Cohen's d), small=0.10, medium=0.50 and large=0.80

Family happiness

Individual happiness was measured with the following four questions, using a 7-point scale. For analysis, scores from the four questions were transformed to a total of 100 points; higher scores indicate higher levels of happiness.

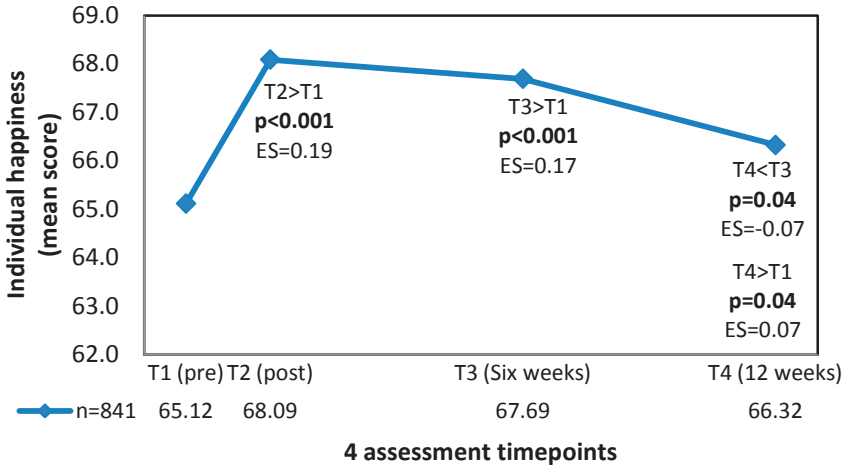
- In general, I consider myself (1 is not a very happy person, 7 is a very happy person)
- Compared to most of my peers, I consider myself (1 is less happy, 7 is more happy)
- Some people are generally very happy. They enjoy life regardless of what is going on, getting the most out of everything. To what extent does this describe you? (1 is not at all, 7 is a great deal)
- Some people are generally not very happy. Although they are not depressed, they never seem as happy as they might be. To what extent does this describe you? (1 is not at all, 7 is a great deal)

- Additionally, the following single question was asked to measure participants' family happiness, with a score of 0 to 10; a higher score indicates a more positive perception of family happiness.

- Do you think your family is happy? (0 is not happy, 10 is very happy)

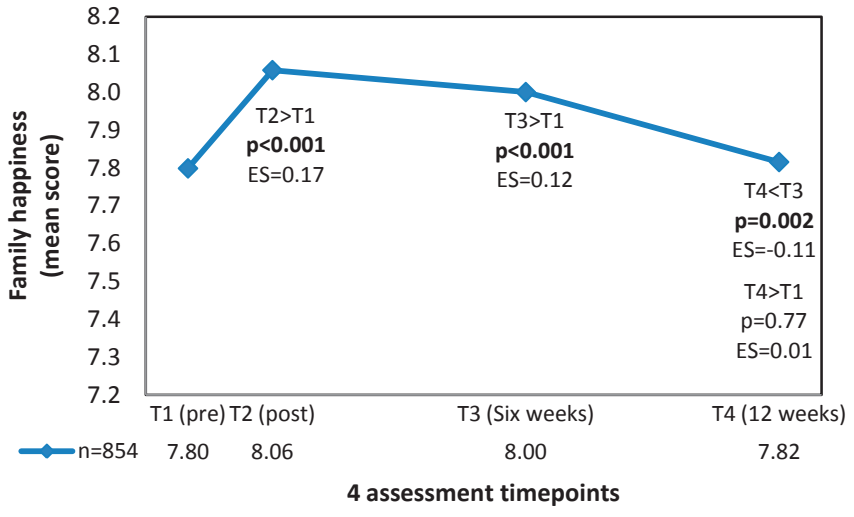
Individual happiness showed a significant increase (small effect) immediately post-intervention (T2, ES=0.19, p<0.001) and six weeks post-intervention (T3, ES=0.17, p<0.001), compared to baseline. The difference remained significant with a very small effect size at 12 weeks post-intervention (T4, ES=0.07, p=0.04, versus T1) (Figure 4.3.5). A significant increase (small effect size) in family happiness score was observed immediately post-intervention (T2, ES=0.17, p<0.001) and six weeks post-intervention (T3, ES=0.12, p<0.001), compared to baseline, but decreased significantly to baseline level at 12 weeks post-intervention (T4 versus T3, ES=-0.11, p=0.002; T4 versus T1, ES=0.01, p=0.77) (Figure 4.3.6).

Figure 4.3.5: Individual happiness scale (4 items, 0-100)



Data is the result of modified intention to treat
(including subjects who completed at least one follow-up assessment)
ES=effect size (Cohen's d), small=0.10, medium=0.50 and large=0.80

Figure 4.3.6: Family happiness score (1 item, 0-10)



Data is the result of modified intention to treat
(including subjects who completed at least one follow-up assessment)
ES=effect size (Cohen's d), small=0.10, medium=0.50 and large=0.80

Family health

Individual health status was measured with the following single question on a 5-point scale. Higher scores indicate a more positive perception of health.

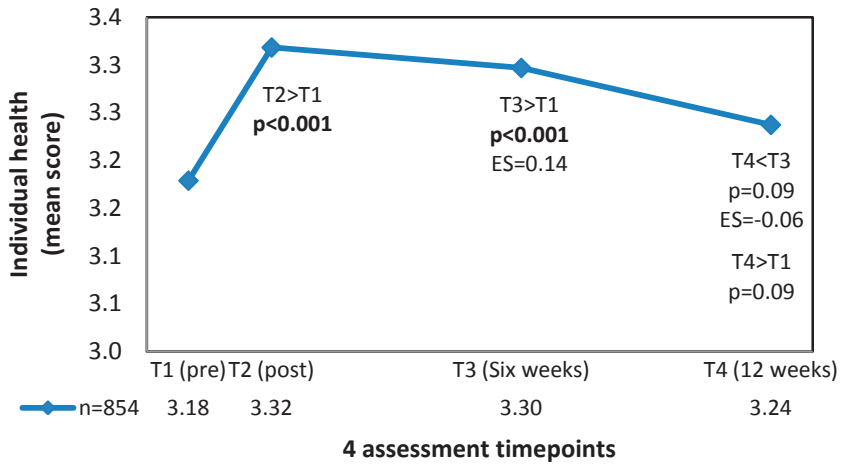
- In general, would you say your health is (1: poor, 2: fair, 3: good, 4: very good, 5: excellent)

Family health was also measured with a single question, with a score of 0 to 10. Higher scores indicate a more positive perception of family health.

- Do you think your family is healthy? (0 is not healthy, 10 is very healthy)

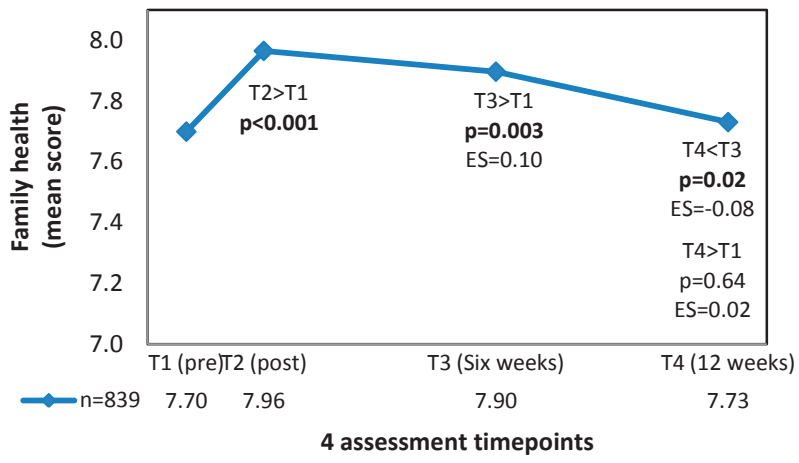
Compared to baseline, individual health showed a significant increase (small effect) immediately post-intervention (T2, ES=0.18, p<0.001) and six weeks post-intervention (T3, ES=0.14, p<0.001), which decreased to baseline level at 12 weeks post-intervention (T4 versus T1, ES=0.06, p=0.09) (Figure 4.3.7). Figure 4.3.8 shows that, compared to baseline, there was a significant (small effect size) increase in family health score immediately post-intervention (T2, ES=0.15, p<0.001) and six weeks post-intervention (T3, ES=0.10, p=0.003), but decreased significantly to baseline level at 12 weeks post-intervention (T4 versus T3, ES=-0.08, p=0.02; T4 versus T1, ES=0.02, p=0.64).

Figure 4.3.7: Individual health score (1 item, 1-5)



Data is the result of modified intention to treat
(including subjects who completed at least one follow-up assessment)
ES=effect size (Cohen's d), small=0.10, medium=0.50 and large=0.80

Figure 4.3.8: Family health score (1 item, 0-10)



Data is the result of modified intention to treat
(including subjects who completed at least one follow-up assessment)
ES=effect size (Cohen's d), small=0.10, medium=0.50 and large=0.80

4.1.5.4 Behavioural change

Behavioural change questions were tailored to the intervention theme (gratitude, health, happiness, flow, and savouring). Tables 4.6.1 to 4.6.5 present their mean, standard deviation and changes over time. At baseline (T1), there were 495 participants in gratitude-theme interventions (56%), 87 in health-theme interventions (10%), 169 in happiness-theme interventions (20%), 82 in flow-theme interventions (9%), and 44 in savouring-theme interventions (5%).

Gratitude theme

Gratitude behaviour change was measured with reported frequency of specific behaviours, on a scale of 1 (never) to 5 (always). Results from participants in gratitude-theme interventions showed that, compared to baseline, they "criticized family members" significantly less frequently at six (ES=-0.11, p=0.02) and 12 weeks (ES=-0.14, p=0.004) post-intervention with small effect size. Results also showed small but significant effect at six weeks for increased frequency of the gratitude behaviours of: "expressed thanks to family members" (ES=0.13, p=0.01), "praised the strength and goodness of your family members" (ES=0.14, p=0.004), and "expressed appreciation for family member's dedication" (ES=0.13, p=0.009), compared to baseline. However, the frequency of these behaviours decreased to baseline levels at 12 weeks post-intervention.

No significant or remarkable difference was shown for the gratitude behaviour of "provided kind and positive suggestions" at either six or 12 weeks post-intervention, compared to baseline (Table 4.5.1).

Table 4.5.1 Gratitude behaviour change questions

Gratitude behaviour change questions	# of respondents [b]	Pre-intervention (T1)	Six weeks post intervention (T3)	12 weeks post intervention (T4)	T3 vs. T1	T4 vs. T1	T4 vs. T3
		Mean(SD)	Mean(SD)	Mean(SD)	ES/p-value	ES/p-value	ES/p-value
In the past 7 days, how often do you speak/ act to: [a]							
Criticize your family members	n=432	2.74(1.04)	2.63(0.95)	2.60(0.93)	-0.11/0.02*	-0.14/0.004**	-0.03/0.57
Express thanks to family members	n=429	3.16(1.01)	3.29(0.93)	3.18(0.94)	0.13/0.01**	0.02/0.73	-0.09/0.06
Praise the strength and goodness of your family members	n=433	3.17(1.01)	3.30(0.99)	3.21(0.95)	0.14/0.004**	0.03/0.51	-0.09/0.07
Express appreciation for family member's dedication	n=431	3.28(1.01)	3.40(0.97)	3.33(0.94)	0.13/0.009**	0.05/0.32	-0.06/0.23
Provide kind and positive suggestions	n=431	3.31(1.00)	3.38(0.95)	3.36(0.94)	0.07/0.12	0.05/0.34	-0.02/0.68

Data is the result of modified intention to treat (including subjects who completed at least one follow-up assessment)
* p<.05; ** p<.01; *** p<.001
ES=effect size (Cohen's d): small=0.10, medium=0.50, and large=0.80
[a] 5-point scale: 1=never (0 days), 2=rarely (1-2 days), 3=sometimes (3-4 days), 4=often (5-6 days), 5=always (daily)
[b] The sample size differs by measure due to different numbers of participants responding to the question

Health theme

Health behaviour change was measured by attitudes, frequency of reported supportive behaviours, and eating behaviours. Among participants in the health-theme group, compared to baseline, the frequency of "used the '3 low, 1 high' (i.e. low sugar, low salt, low fat and high fibre) rule to pick or cook food" showed a non-significant but remarkable small increase at six weeks (T3, ES=0.16, p=0.14) and 12 weeks post-intervention (T4, ES=0.15, p=0.17), compared to baseline. The frequency of "if family members faced an unhappy situation, I tried to say supportive words to them" and "wrote down encouraging words and posted them up at home to let yourself and your family members see them" also showed a non-significant small increase at six weeks post-intervention (T3, ES=0.14 and 0.18 respectively), but decreased to baseline level at 12 weeks (T4 versus T1, ES=0.02 and 0.01 respectively).

Results also showed a non-significant but remarkable increase for average daily consumption of fruit, cooked vegetables, and grains at 12 weeks post-intervention compared to baseline (T4, ES=0.21, 0.22, 0.17, respectively).

No significant or remarkable difference was shown for other measures of behaviour change at either six or 12 weeks post-intervention, compared to baseline (Table 4.5.2).

Table 4.5.2 Health behaviour change questions

Health behaviour change questions	# of respondents [a]	Pre-intervention (T1)	Six weeks post intervention (T3)	12 weeks post intervention (T4)	T3 vs. T1	T4 vs. T1	T4 vs. T3
		Mean(SD)	Mean(SD)	Mean(SD)	ES/p-value	ES/p-value	ES/p-value
Optimism level [b]	n=86	4.99(1.54)	4.91(1.51)	4.84(1.56)	-0.06/0.56	-0.11/0.33	-0.04/0.72
When things do not go as you like, you will face it. [c]	n=85	3.80(0.80)	3.73(0.85)	3.74(0.80)	-0.10/0.35	-0.08/0.49	0.02/0.89
In the past 7 days, how often have you: [d]							
When facing difficulty, thought from different perspectives for a more all rounded idea of the situation	n=87	3.54(0.97)	3.52(0.87)	3.54(0.96)	-0.02/0.83	0.01/0.95	0.03/0.82
If family members faced an unhappy situation, tried to say supportive words to them	n=87	3.37(1.12)	3.53(1.01)	3.39(1.02)	0.14/0.22	0.02/0.82	-0.11/0.33
Wrote down encouraging words and posted them up at home to let yourself and your family members see them	n=86	2.30(1.17)	2.51(1.24)	2.31(1.20)	0.18/0.10	0.01/0.91	-0.15/0.17
Used '3 low, 1 high' rule to pick or cook food	n=86	3.17(1.21)	3.40(1.08)	3.29(1.18)	0.16/0.14	0.15/0.17	-0.05/0.67
On average, you eat per day: [e]							
How many portions of fruit? [f]	n=87	4.72(2.11)	4.60(2.13)	5.14(2.38)	-0.07/0.53	0.21/0.06	0.24/0.03*
How many bowls of cooked vegetables? [g]	n=84	5.13(2.06)	5.02(2.00)	5.57(2.15)	-0.05/0.68	0.22/0.05	0.20/0.07
How many bowls of grains? [h]	n=85	5.58(2.31)	5.09(2.12)	5.98(2.19)	-0.24/0.04*	0.17/0.12	0.35/0.002**

Data is the result of modified intention to treat (including subjects who completed at least one follow-up assessment)

* p<.05; ** p<.01; *** p<.001

ES=effect size (Cohen's d): small=0.10, medium=0.50, and large=0.80

[a] The sample size differs by measure due to different numbers of participants responding to the question

[b] 7-point Likert scale of 1=very pessimistic to 7=very optimistic

[c] 5-point Likert scale of 1=strongly disagree to 5=strongly agree

[d] 5-point scale: 1=never (0 days), 2=rarely (1-2 days), 3=sometimes (3-4 days), 4=often (5-6 days), 5=always (everyday)

[e] 10-point scale: 1=none, 2=1/4, 3= 1/2, 4=1, 5=1.5, 6=2, 7=2.5, 8=3, 9=3.5, 10=four or above

[f] 1 portion is about 1 regular-size apple, orange or pear, 1 handful of grapes, 1 slice of watermelon

[g] Regular bowl size

[h] Regular bowl size, one piece of bread equals half a bowl

Happiness theme

Happiness behaviour change was measured by reported frequency of behaviours when dining with one's family on a scale of 1 (never) to 5 (always). The happiness-theme group showed a significant (small effect) increase in the frequency of "chose food for family members according to what they like" at six weeks post-intervention (T3, ES=0.19, p=0.02), which decreased significantly to baseline level at 12 weeks post-intervention (T4 versus T3, ES=-0.16, p=0.04; T4 versus T1, ES=0.03, p=0.66). Results also showed a significant small increase on the frequency of "recorded something that made you or your family happy" at six weeks post-intervention (T3, ES=0.16, p=0.04), which decreased to baseline levels at 12 weeks post-intervention, compared to baseline level (T4, ES=0.06, p=0.45). In addition, results showed a non-significant but remarkable small increase in the frequency of "shared your happiness with your family" and "developed the mind and habits of happiness" at six weeks post-intervention (T3, ES=0.10, 0.11 respectively), but no difference at 12 weeks post-intervention (T4, ES=0.08 and 0.00 respectively), compared to baseline.

No significant or remarkable difference was shown for other measures of behaviour change at either six or 12 weeks post-intervention, compared to baseline (Table 4.5.3).

Table 4.5.3 Happiness behaviour change questions

Happiness behaviour change questions	# of respondents [b]	Pre-intervention (T1)	Six weeks post intervention (T3)	12 weeks post intervention (T4)	T3 vs. T1	T4 vs. T1	T4 vs. T3
		Mean(SD)	Mean(SD)	Mean(SD)	ES/p-value	ES/p-value	ES/p-value
In the past 7 days, when you dine with your family, how often have you: [a]							
Smiled and brought a sense of happiness to your family	n=164	3.71(1.01)	3.82(1.06)	3.82(0.93)	0.04/0.60	0.10/0.21	0.01/0.87
Shared your happiness with your family	n=167	3.79(1.00)	3.96(0.92)	3.89(0.94)	0.10/0.19	0.08/0.33	-0.05/0.49
Said 'Let's eat together' to each other	n=164	3.54(1.29)	3.65(1.27)	3.64(1.18)	0.07/0.38	0.07/0.41	0.00/0.95
Chose food for family members according to what they like	n=162	3.33(1.10)	3.57(1.09)	3.38(1.07)	0.19/0.02*	0.03/0.66	-0.16/0.04*
Recorded something that made you or your family happy	n=165	2.90(1.29)	3.13(1.16)	3.01(1.22)	0.16/0.04*	0.06/0.45	-0.08/0.32
Developed the mind and habits of happiness	n=167	3.11(1.19)	3.25(1.07)	3.13(1.07)	0.11/0.16	0.00/0.95	-0.09/0.27
Tried to work hard to for your ideal happy family	n=166	3.80(0.99)	3.83(0.93)	3.71(1.03)	0.03/0.74	-0.08/0.29	-0.09/0.23

Data is the result of modified intention to treat (including subjects who completed at least one follow-up assessment)

* p<.05; ** p<.01; *** p<.001

ES=effect size (Cohen's d): small=0.10, medium=0.50, and large=0.80

[a] 5-point scale: 1=never (0 days), 2=rarely (1-2 days), 3=sometimes (3-4 days), 4=often (5-6 days), 5=always (everyday)

[b] The sample size differs by measure due to different numbers of participants responding to the question

Flow theme

Flow behaviour change was measured by frequency of reported behaviours, on a scale of 1 (never) to 5 (always). Data from participants in flow-theme interventions showed a non-significant but remarkable small increase on the frequency of "designed a creative new dish with your family" at six weeks post-intervention (T3, ES=0.10, p=0.40), which increased to a significant increase (small effect) at 12 weeks post-intervention, compared to baseline (T4, ES=0.26, p=0.03). Results also showed a non-significant but remarkable small increase on the frequency of "arranged tasks which suit the strengths of family members when cooking", "encouraged family members to become involved in helping to cook/prepare/clear/wash dishes, and develop the habit of cooperation" and "actively invited family members to cook/prepare/clear/wash dishes" at six weeks (T3, ES=0.14, 0.11 and 0.15 respectively) and 12 weeks post-intervention (T4, ES=0.09, 0.14 and 0.14, respectively), compared to baseline.

Although no increase was observed at six weeks post-intervention, results showed a non-significant but remarkable small increase in the frequency of "observed the character strengths of family members during meal preparation and told them directly" and "tried to put aside personal worries when dining with family, listened with care and gave positive responses" at 12 weeks post-intervention (T4, ES=0.23 and 0.16, respectively), compared to baseline.

No significant or remarkable difference was shown for the frequency of "shared your happiness with your family when dining together" at either six or 12 weeks post-intervention, compared to baseline (Table 4.5.4).

Table 4.5.4 Flow behaviour change questions

Flow behaviour change questions	# of respondents [b]	Pre-intervention (T1)	Six weeks post intervention (T3)	12 weeks post intervention (T4)	T3 vs. T1	T4 vs. T1	T4 vs. T3
		Mean(SD)	Mean(SD)	Mean(SD)	ES/p-value	ES/p-value	ES/p-value
In the past 7 days, how often have you: [a]							
Shared your happiness with your family when dining together	n=74	3.61(1.16)	3.5(1.04)	3.65(0.88)	-0.10/0.39	0.03/0.77	0.13/0.28
Arranged tasks which suit the strengths of family members when cooking	n=74	3.09(1.15)	3.3(1.22)	3.22(1.09)	0.14/0.25	0.09/0.42	-0.05/0.65
Observed the character strengths of family members during meal preparation and told them directly	n=72	2.85(1.23)	2.94(1.07)	3.13(0.96)	0.08/0.53	0.23/0.06	0.15/0.21
Encouraged family members to become involved in helping to cook/prepare/clear/wash dishes, and developed the habit of cooperation	n=74	3.39(1.26)	3.57(1.14)	3.62(0.92)	0.11/0.35	0.14/0.22	0.05/0.68
Designed a creative new dish with your family	n=74	2.43(1.25)	2.57(1.07)	2.77(1.10)	0.10/0.40	0.26/0.03*	0.22/0.07
Actively invited family members to cook/prepare/clear/wash dishes	n=74	3.15(1.38)	3.41(1.19)	3.36(1.11)	0.15/0.20	0.14/0.23	-0.02/0.86
Tried to put aside personal worries when dining with family, listened with care and gave positive responses	n=73	3.15(1.11)	2.75(1.16)	3.36(0.92)	-0.28/0.02*	0.16/0.19	0.40/0.001**

Data is the result of modified intention to treat (including subjects who completed at least one follow-up assessment)

* p<.05; ** p<.01; *** p<.001

ES=effect size (Cohen's d): small=0.10, medium=0.50, and large=0.80

[a] 5-point scale: 1=never (0 days), 2=rarely (1-2 days), 3=sometimes (3-4 days), 4=often (5-6 days), 5=always (everyday)

[b] The sample size differs by measure due to different numbers of participants responding to the question

Savouring theme

Savouring behaviour change was measured by dispositional mindfulness scale (14 questions on a scale of 1 to 6) and frequency of reported behaviour (5 questions on a scale of 1 to 5). Table 4.5.5 shows that a significant increase (small to moderate effect size) in the frequency of "observed with care the needs of family members when dining, such as adding rice or soup, or choosing food" at six weeks post-intervention (T3, ES=0.41, p=0.02), which decreased to a non-significant but remarkable small effect size at 12 weeks post-intervention (T4, ES=0.17, p=0.29). Results also showed a non-significant but remarkable small increase on the frequency of "ate more slowly to feel and savour the taste of food" at six weeks post-intervention (T3, ES=0.25, p=0.13), which decreased to baseline level at 12 weeks post-intervention (T4 versus T3, ES=-0.30, p=0.07; T4 versus T1, ES=0.01, p=0.97).

No significant or remarkable improvement was shown for other measures of behaviour change at either six or 12 weeks post-intervention, compared to baseline.

Table 4.5.5 Savouring behaviour change questions

Savouring behaviour change questions	# of respondents [c]	Pre-intervention (T1)	Six weeks post intervention (T3)	12 weeks post intervention (T4)	T3 vs. T1	T4 vs. T1	T4 vs. T3
		Mean(SD)	Mean(SD)	Mean(SD)	ES/p-value	ES/p-value	ES/p-value
Level of dispositional mindfulness [a]	n=39	4.07(0.78)	3.87(0.73)	4.07(0.68)	-0.20/0.22	0.00/0.99	0.27/0.10
In the past 7 days, how often have you: [b]							
Savoured food by observation, focusing on its colour, smell and taste	n=43	3.37(1.29)	3.49(0.98)	3.30(0.89)	0.08/0.62	-0.05/0.75	-0.16/0.32
Observed with care the needs of family members when dining, such as adding rice or soup, or choosing food	n=41	2.95(1.45)	3.54(1.25)	3.20(1.25)	0.41/0.02*	0.17/0.29	-0.20/0.21
Ate more slowly to feel and savour the taste of food	n=41	3.24(1.20)	3.61(1.09)	3.24(0.89)	0.25/0.13	0.01/0.97	-0.30/0.07
Treasured the good time when dining with family	n=42	4.07(1.02)	4.12(0.83)	3.88(0.80)	0.05/0.77	-0.16/0.30	-0.17/0.29
Shared the joy of food preparation with your family	n=40	2.80(1.45)	2.73(1.34)	2.93(1.33)	-0.05/0.74	0.11/0.50	0.14/0.37

Data is the result of modified intention to treat (including subjects who completed at least one follow-up assessment)
* p<.05; ** p<.01; *** p<.001
ES=effect size (Cohen's d): small=0.10, medium=0.50, and large=0.80
[a] 14 items, range from 1 to 6, higher scores reflect higher levels of dispositional mindfulness
[b] 5-point scale: 1=never (0 days), 2=rarely (1-2 days), 3=sometimes (3-4 days), 4=often (5-6 days), 5=always (everyday)
[c] The sample size differs by measure due to different numbers of participants responding to the question

4.1.5.5 Changes in family communication and 3Hs by five themes

Further analysis was conducted to show the theme-specific results for family communication and the 3Hs. Results are shown in Tables 4.6.1 to 4.6.5.

Gratitude theme

Gratitude-theme interventions showed significant increase (small to moderate effect) in family communication score and individual happiness score immediately post-intervention (T2, ES=0.30 and 0.24, respectively, both $p<0.001$), and significant increase (small effect) at six weeks (T3, both ES=0.19, $p<0.001$) and 12 weeks post-intervention (T4, ES=0.16 and 0.13, respectively, both $p<0.01$), compared to baseline. In addition, compared to baseline, gratitude-theme interventions showed significant increase (small effect) in one-item family harmony, family happiness, individual and family health immediately post-intervention (T2, ES=0.23, 0.22, 0.18 and 0.17, respectively, all $p<0.001$) and six weeks post-intervention (T3, ES=0.11, 0.14, 0.15 and 0.12, respectively, all $p<0.05$), which decreased to baseline level at 12 weeks post-intervention (T4, ES=0.01, 0.00, 0.04 and 0.01, respectively, all $p>0.05$).

No significant or remarkable difference was shown for family communication time and family harmony (8 items) immediately post-intervention, or six or 12 weeks post-intervention, compared to baseline (Table 4.6.1).

Table 4.6.1 Changes of family communication and 3Hs in Gratitude-theme interventions

Gratitude (n=495)	Pre-intervention (T1)	Post-intervention (T2)	Six weeks post intervention (T3)	12 weeks post intervention (T4)	T2 vs. T1	T3 vs. T1	T4 vs. T1	T4 vs. T3
	Mean(SD)	Mean(SD)	Mean(SD)	Mean(SD)	ES/p-value	ES/p-value	ES/p-value	ES/p-value
Family Communication Scale (10 items, 0-100)	65.68(15.58)	69.43(15.51)	68.18(15.52)	67.94(15.81)	0.30/<0.001***	0.19/<0.001***	0.16/<0.001***	-0.02/0.67
Average daily family communication time (minutes)	153.8(139.24)	N/A	166.18(138.84)	158.44(142.21)	N/A	0.08/0.09	0.05/0.29	-0.03/0.55
Family Harmony Scale (8 items, 0-100)	72.86(18.16)	71.93(18.29)	73.82(16.88)	72.61(17.72)	-0.05/0.24	0.07/0.15	-0.01/0.78	-0.07/0.12
Family Harmony Score (1 item, 0-10)	7.76(1.81)	8.06(1.63)	7.95(1.6)	7.77(1.75)	0.23/<0.001***	0.11/0.02*	0.01/0.83	-0.1/0.04*
Individual Happiness Scale (4 items, 0-100)	63.44(19.12)	66.83(17.43)	66.38(17.38)	65.77(18.95)	0.24/<0.001***	0.19/<0.001***	0.13/0.004**	-0.04/0.44
Family Happiness Score (1 item, 0-10)	7.67(1.86)	7.98(1.68)	7.89(1.75)	7.66(1.8)	0.22/<0.001***	0.14/0.003**	0.00/0.94	-0.13/0.006**
Individual Health Score (1 item, 1-5)	3.24(1.07)	3.38(1.05)	3.35(1.08)	3.28(1.05)	0.18/<0.001***	0.15/0.001**	0.04/0.34	-0.07/0.13
Family Health Score (1 item, 0-10)	7.62(1.89)	7.91(1.69)	7.85(1.79)	7.64(1.83)	0.17/<0.001***	0.12/0.006**	0.01/0.82	-0.1/0.03*

Data is the result of modified intention to treat (including subjects who completed at least one follow-up assessment)
* p<.05; ** p<.01; *** p<.001
ES=effect size (Cohen's d): small=0.10, medium=0.50, and large=0.80

Health theme

Table 4.6.2 shows a significant small increase on family communication score immediately post-intervention (T2, ES=0.22, p=0.049), which decreased to a non-significant but remarkable small increase at six weeks (T3, ES=0.11, p=0.33) and 12 weeks post-intervention (T4, ES=0.17, p=0.12). In addition, results showed a significant small increase in individual happiness score immediately post-intervention (T2, ES=0.22, p=0.047), but no difference at either six (T3, ES=0.09, p=0.41) or 12 weeks post-intervention (T4, ES=-0.09, p=0.41), compared to baseline. Results also showed a marginally significant small increase on individual health score immediately post-intervention (T2, ES=0.22, p=0.06), but no difference at six weeks (T3, ES=0.07, p=0.51) and 12 weeks post-intervention (T4, ES=0.01, p=0.90), compared to baseline. Results also showed a non-significant but remarkable small increase on average daily family communication time at six weeks (T3, ES=0.13, p=0.26) and 12 weeks post-intervention (T4, ES=0.10, p=0.37).

No significant or remarkable improvement was shown for family harmony (1 & 8 items), family happiness, and family health immediately post-intervention, or six or 12 weeks post-intervention, compared to baseline.

Table 4.6.2 Changes of family communication and 3Hs in Health-theme interventions

Health (n=87)	Pre-intervention (T1)	Post-intervention (T2)	Six weeks after intervention (T3)	12 weeks after intervention (T4)	T2 vs. T1	T3 vs. T1	T4 vs. T1	T4 vs. T3
	Mean(SD)	Mean(SD)	Mean(SD)	Mean(SD)	ES/p-value	ES /p-value	ES/p-value	ES/p-value
Family Communication Scale (10 items, 0-100)	70.46(15.9)	73.48(16.77)	71.92(16.9)	72.56(17.2)	0.22/0.049*	0.11/0.33	0.17/0.12	0.05/0.65
Average daily family communication time (minutes)	166.88(150.63)	N/A	181.83(150.82)	175.57(133.51)	N/A	0.13/0.26	0.10/0.37	-0.02/0.88
Family Harmony Scale (8 items, 0-100)	80.87(15.64)	79.22(16.06)	79.89(16.33)	78.28(17.46)	-0.12/0.29	-0.09/0.42	-0.17/0.12	-0.08/0.49
Family Harmony Score (1 item, 0-10)	8.41(1.48)	8.33(1.74)	8.51(1.28)	8.21(1.7)	-0.06/0.62	0.09/0.44	-0.09/0.40	-0.18/0.12
Individual Happiness Scale (4 items, 0-100)	69.28(17.58)	71.89(16.7)	70.23(16.9)	66.72(19.57)	0.22/0.047*	0.09/0.41	-0.09/0.41	-0.15/0.19
Family Happiness Score (1 item, 0-10)	8.33(1.63)	8.4(1.67)	8.44(1.31)	8.05(1.58)	0.05/0.63	0.07/0.53	-0.19/0.08	-0.23/0.045*
Individual Health Score (1 item, 1-5)	3.39(1.04)	3.53(1.02)	3.44(1.03)	3.4(1.06)	0.22/0.06	0.07/0.51	0.01/0.90	-0.04/0.74
Family Health Score (1 item, 0-10)	8.28(1.55)	8.21(1.76)	8.17(1.67)	7.96(1.6)	-0.05/0.68	-0.07/0.53	-0.21/0.07	-0.11/0.33

Data is the result of modified intention to treat (including subjects who completed at least one follow-up assessment)
* p<.05; ** p<.01; *** p<.001
ES=effect size (Cohen's d): small=0.10, medium=0.50, and large=0.80

Happiness theme

Happiness-theme interventions showed a significant increase (small effect) in family communication score and individual health score immediately post-intervention (T2, ES=0.19 and 0.21, respectively, both $p<0.05$), six weeks (T3, ES=0.20 and 0.23, respectively, both $p<0.05$) and 12 weeks post-intervention (T4, ES=0.20 and 0.19, respectively, both $p<0.05$). In addition, compared to baseline, average daily family communication time significantly increased at six weeks post-intervention (T3, ES=0.24, p=0.004), however decreased significantly to baseline level at 12 weeks post-intervention (T4 versus T3, ES=-0.19, p=0.02, T4 versus T1, ES=0.00, p=0.98).

Results showed a significant small increase on family harmony score (8 items) at six weeks post-intervention (T3, ES=0.23, p=0.004) and a non-significant but remarkable small increase at 12 weeks post-intervention (T4, ES=0.11, p=0.16). Results also showed a non-significant but remarkable small increase in individual happiness immediately post-intervention (T2, ES=0.12, p=0.13), a significant small increase at six weeks (T3, ES=0.23, p=0.004) but no difference at 12 weeks post-intervention (T4, ES=0.08, p=0.34), compared to baseline. A non-significant but remarkable small increase was observed on family happiness score immediately post-intervention (T2, ES=0.12, p=0.12), which became borderline significant at six weeks post-intervention (T3, ES=0.14, p=0.07). However results decreased to baseline levels at 12 weeks post-intervention (T4, ES=0.10, p=0.21).

No significant or remarkable differences were shown for family harmony (1 item) or family health immediately post-intervention, six or 12 weeks post-intervention, compared to baseline (Table 4.6.3).

Table 4.6.3 Changes of family communication and 3Hs in Happiness-theme interventions

Happiness (n=169)	Pre-intervention (T1)	Post-intervention (T2)	Six weeks after intervention (T3)	12 weeks after intervention (T4)	T2 vs. T1	T3 vs. T1	T4 vs. T1	T4 vs. T3
	Mean(SD)	Mean(SD)	Mean(SD)	Mean(SD)	ES/p-value	ES/p-value	ES/p-value	ES/p-value
Family Communication Scale (10 items, 0-100)	71.05(15.15)	74(14.09)	74.61(14.31)	73.34(14.44)	0.19/0.02*	0.20/0.01*	0.20/0.01*	-0.06/0.42
Average daily family communication time (minutes)	162.61(135.21)	N/A	203.55(152.23)	160.8(128.15)	N/A	0.24/0.004**	0.00/0.98	-0.19/0.02*
Family Harmony Scale (8 items, 0-100)	77.3(14.74)	77.5(15.61)	80.61(14.85)	78.67(14.13)	0.03/0.74	0.23/0.004**	0.11/0.16	-0.13/0.12
Family Harmony Score (1 item, 0-10)	8.22(1.39)	8.26(1.43)	8.22(1.51)	8.19(1.52)	0.04/0.66	-0.02/0.81	-0.02/0.81	-0.01/0.86
Individual Happiness Scale (4 items, 0-100)	67.78(16.1)	70.32(17.92)	71.66(17.13)	69.18(15.6)	0.12/0.13	0.23/0.004**	0.08/0.34	-0.12/0.13
Family Happiness Score (1 item, 0-10)	7.94(1.58)	8.15(1.61)	8.2(1.46)	8.12(1.52)	0.12/0.12	0.14/0.07	0.10/0.21	-0.06/0.47
Individual Health Score (1 item, 1-5)	2.99(1)	3.17(1.01)	3.24(0.98)	3.17(0.98)	0.21/0.01*	0.23/0.004**	0.19/0.02*	-0.07/0.38
Family Health Score (1 item, 0-10)	7.88(1.51)	8.02(1.57)	8.08(1.38)	8.01(1.49)	0.08/0.34	0.10/0.21	0.07/0.40	-0.04/0.59

Data is the result of modified intention to treat (including subjects who completed at least one follow-up assessment)
* p<.05; ** p<.01; *** p<.001
ES=effect size (Cohen's d): small=0.10, medium=0.50, and large=0.80

Flow theme

Table 4.6.4 shows a significant small increase on family communication score immediately post-intervention (T2, ES=0.28, p=0.02), a non-significant but remarkable small increase at six weeks (T3, ES=0.18, p=0.15) and 12 weeks post-intervention (T4, ES=0.20, p=0.10), compared to baseline. Results also showed a non-significant but remarkable small increase in individual happiness score immediately post-intervention (T2, ES=0.12, p=0.31), a significant small increase at six weeks (T3, ES=0.25, p=0.04), but no difference at 12 weeks post-intervention (T4, ES=0.05, p=0.64), compared to baseline. A non-significant but remarkable increase was observed in individual health score immediately post-intervention (T2, ES=0.15, p=0.17), which decreased to baseline level at six (T3, ES=-0.04, p=0.73) and 12 weeks post-intervention (T4, ES=-0.05, p=0.68). In addition, results showed a significant small increase in family health score immediately post-intervention (T2, ES=0.23, p=0.04), no difference at six weeks (T3, ES=0.07, p=0.54) and a non-significant small increase at 12 weeks post-intervention (T4, ES=0.17, p=0.15), compared to baseline.

No significant or remarkable differences were shown for average daily communication time, family harmony (1 & 8 items) or family happiness immediately post-intervention, six or 12 weeks post-intervention, compared to baseline.

Table 4.6.4 Changes of family communication and 3Hs in Flow-theme interventions

Flow (n=82)	Pre-intervention (T1)	Post-intervention (T2)	Six weeks post intervention (T3)	12 weeks post intervention (T4)	T2 vs. T1	T3 vs. T1	T4 vs. T1	T4 vs. T3
	Mean(SD)	Mean(SD)	Mean(SD)	Mean(SD)	ES/p-value	ES/p-value	ES/p-value	ES/p-value
Family Communication Scale (10 items, 0-100)	64.08(16.62)	66.62(15.19)	67.04(13.35)	68.38(13.16)	0.28/0.02*	0.18/0.15	0.20/0.10	0.08/0.52
Average daily family communication time (minutes)	132.97(123.71)	N/A	135.68(130.88)	142.12(113.32)	N/A	0.02/0.85	0.07/0.58	0.05/0.69
Family Harmony Scale (8 items, 0-100)	74.17(17.18)	73.38(15.87)	73.38(12.98)	74.25(16.75)	-0.08/0.50	-0.06/0.63	-0.03/0.80	0.04/0.71
Family Harmony Score (1 item, 0-10)	7.78(1.8)	8(1.63)	7.84(1.52)	7.83(1.55)	0.09/0.45	0.03/0.80	0.01/0.93	-0.01/0.93
Individual Happiness Scale (4 items, 0-100)	62.11(15.92)	64.41(17.26)	64.64(15.05)	62.89(16.09)	0.12/0.31	0.25/0.04*	0.05/0.64	-0.12/0.31
Family Happiness Score (1 item, 0-10)	7.85(1.94)	7.95(1.63)	7.79(1.38)	7.87(1.62)	0.04/0.69	-0.04/0.73	0.01/0.94	0.05/0.63
Individual Health Score (1 item, 1-5)	3.22(1.04)	3.35(1)	3.17(0.94)	3.16(1.02)	0.15/0.17	-0.04/0.73	-0.05/0.68	0.00/0.99
Family Health Score (1 item, 0-10)	7.47(1.95)	7.84(1.64)	7.62(1.64)	7.77(1.72)	0.23/0.04*	0.07/0.54	0.17/0.15	0.08/0.47

Data is the result of modified intention to treat (including subjects who completed at least one follow-up assessment)
* p<.05; ** p<.01; *** p<.001
ES=effect size (Cohen's d): small=0.10, medium=0.50, and large=0.80

Savouring theme

There were only 44 participants in savouring-theme interventions. Due to small sample size, most of the p-values were expected to be >0.05, i.e. non-significant statistically. Results showed compared to baseline, a non-significant but remarkable small increase in family communication score immediately post-intervention (T2, ES=0.20, p=0.22), a significant small to moderate increase at six weeks (T3, ES=0.34, p=0.04), which decreased to baseline level at 12 weeks post-intervention (T4, ES=0.08, p=0.60). Family health score also showed a significant moderate increase immediately post-intervention (T2, ES=0.50, p=0.002), a non-significant but remarkable small increase at six weeks (T3, ES=0.23, p=0.15), which decreased to baseline level at 12 weeks post-intervention (T4, ES=0.02, p=0.90). A non-significant but remarkable small increase was also observed on family harmony (1 item) and family happiness score immediately post-intervention (T2, ES=0.30 and 0.31, respectively) and six weeks post-intervention (T3, ES=0.23 and 0.15, respectively), which decreased to baseline level at 12 weeks post-intervention (T4, ES=0.06 and 0.10, respectively). In addition, individual health score showed a non-significant but remarkable small increase at six weeks post-intervention (T3, ES=0.17, p=0.28).

No significant or remarkable improvements were shown for average daily family communication time, family harmony score (8 items) or individual happiness score immediately post-intervention, six or 12 weeks post-intervention, compared to baseline (Table 4.6.5).

Table 4.6.5 Changes of family communication and 3Hs in Savouring-theme interventions

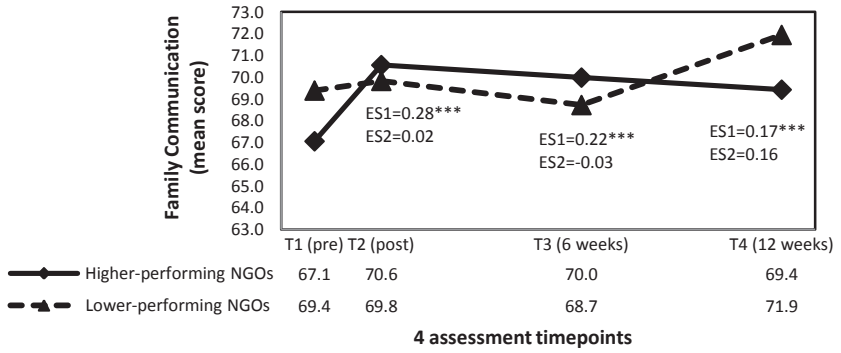
Savouring (n=44)	Pre-intervention (T1)	Post-intervention (T2)	Six weeks post intervention (T3)	12 weeks post intervention (T4)	T2 vs. T1	T3 vs. T1	T4 vs. T1	T4 vs. T3
	Mean(SD)	Mean(SD)	Mean(SD)	Mean(SD)	ES/p-value	ES/p-value	ES/p-value	ES/p-value
Family Communication Scale (10 items, 0-100)	68.13(12.52)	70.13(9.44)	72.44(10.75)	69.44(10.69)	0.20/0.22	0.34/0.04*	0.08/0.60	-0.25/0.14
Average daily family communication time (minutes)	120.22(128.46)	N/A	119.51(123.52)	78.9(117.24)	N/A	-0.01/0.97	-0.39/0.02*	-0.39/0.02*
Family Harmony Scale (8 items, 0-100)	75.45(14.67)	76.71(11.24)	73.96(11.33)	73.14(13.53)	0.09/0.55	-0.13/0.41	-0.14/0.37	-0.07/0.64
Family Harmony Score (1 item, 0-10)	7.93(1.82)	8.5(1.22)	8.33(1.59)	8.05(1.87)	0.30/0.06	0.23/0.16	0.06/0.72	-0.16/0.33
Individual Happiness Scale (4 items, 0-100)	71.13(19.87)	72.92(15.38)	67.86(19.98)	67.06(14.8)	0.10/0.51	-0.14/0.38	-0.21/0.17	-0.04/0.78
Family Happiness Score (1 item, 0-10)	7.58(2.1)	8.16(1.48)	7.95(1.69)	7.84(1.88)	0.31/0.05	0.15/0.35	0.10/0.51	-0.06/0.69
Individual Health Score (1 item, 1-5)	2.72(1.1)	2.77(0.9)	2.88(1.03)	2.81(0.85)	0.04/0.79	0.17/0.28	0.07/0.65	-0.06/0.67
Family Health Score (1 item, 0-10)	7.19(2.04)	8.12(1.24)	7.72(1.84)	7.23(1.7)	0.50/0.002**	0.23/0.15	0.02/0.90	-0.26/0.11

Data is the result of modified intention to treat (including subjects who completed at least one follow-up assessment)
* p<.05; ** p<.01; *** p<.001
ES=effect size (Cohen's d): small=0.10, medium=0.50, and large=0.80

4.1.5.6 Intervention implementation assessment and corresponding changes in family communication and 3Hs

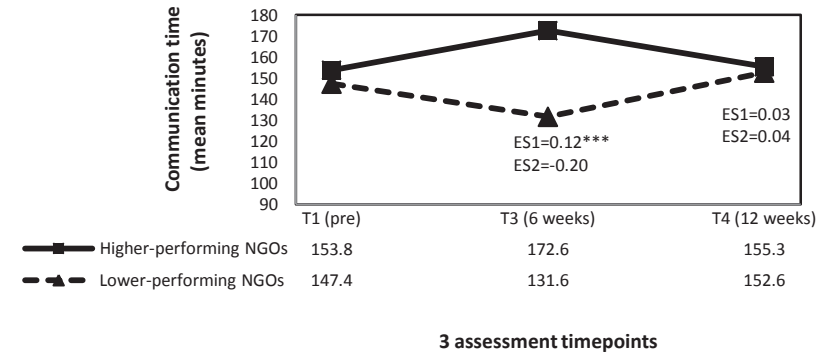
HKU research team members assessed each of the social service units on their implementation of the intervention programmes, using a scale of 0 to 10. A higher score indicated that the research team judged the intervention implementation to be strong. Scores fell into two observable groups: two units received relatively lower scores, with a mean of 4 ("lower performing group"), while the majority of the service units ("higher performing group") received a mean score of 7. When split into these two groups, the lower performing service units showed smaller effect size at six weeks (T3) and 12 weeks post-intervention (T4) for family communication and 3Hs, compared to other 19 service units (Figures 4.4.1 to 4.4.8). However, these two units had greater baseline values, so this difference in results could be partly due to a ceiling effect.

Figure 4.4.1: Family communication scale (0-100)



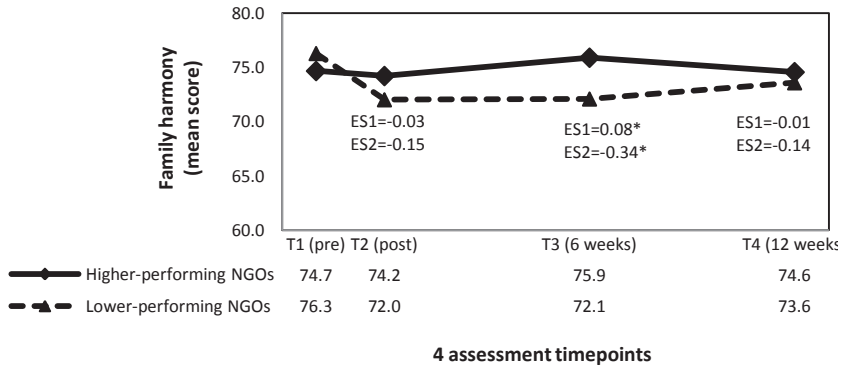
*:p<0.05, **:p<0.01, ***:p<0.001, compared with T1
ES=effect size (Cohen's d): small=0.10, medium=0.50, and large=0.80
ES1: effect size of higher-performing NGOs, ES2: effect size of lower-performing NGOs

Figure 4.4.2: Family communication time (minutes/day)



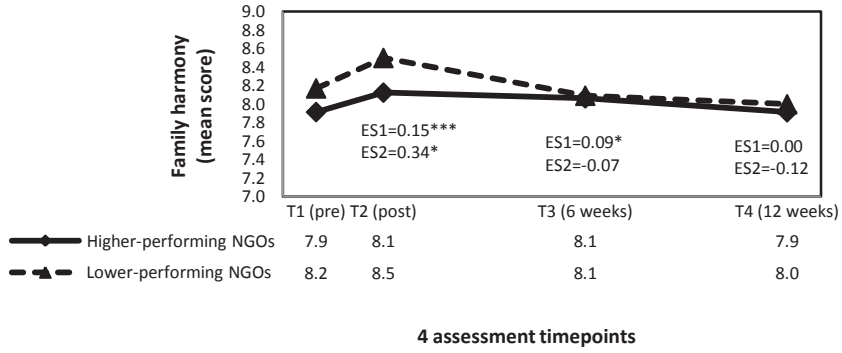
*:p<0.05, **:p<0.01, ***:p<0.001, compared with T1
ES=effect size (Cohen's d): small=0.10, medium=0.50, and large=0.80
ES1: effect size of higher-performing NGOs, ES2: effect size of lower-performing NGOs

Figure 4.4.3: Family harmony scale (0-100)



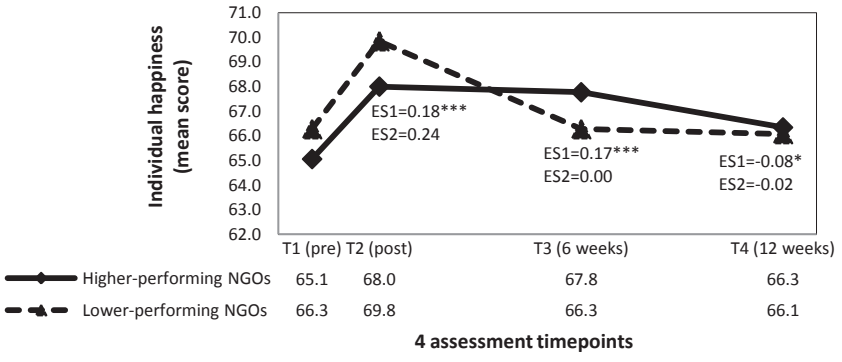
*:p<0.05, **:p<0.01, ***:p<0.001, compared with T1
ES=effect size (Cohen's d): small=0.10, medium=0.50, and large=0.80
ES1: effect size of higher-performing NGOs, ES2: effect size of lower-performing NGOs

Figure 4.4.4: One-item family harmony score (0-10)



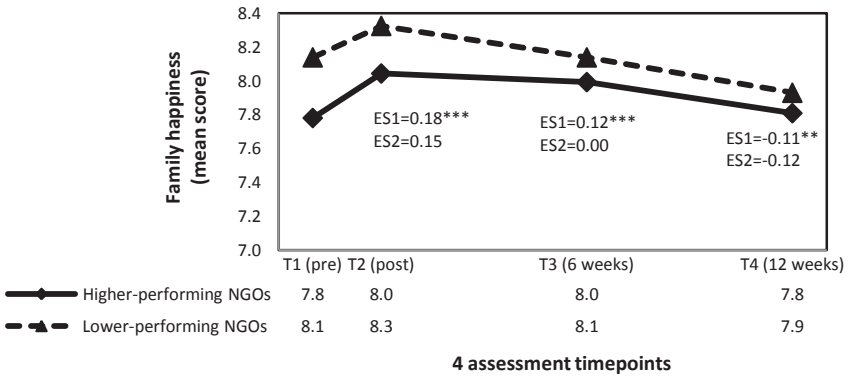
*:p<0.05, **:p<0.01, ***:p<0.001, compared with T1
ES=effect size (Cohen's d): small=0.10, medium=0.50, and large=0.80
ES1: effect size of higher-performing NGOs, ES2: effect size of lower-performing NGOs

Figure 4.4.5: Individual happiness score (0-100)



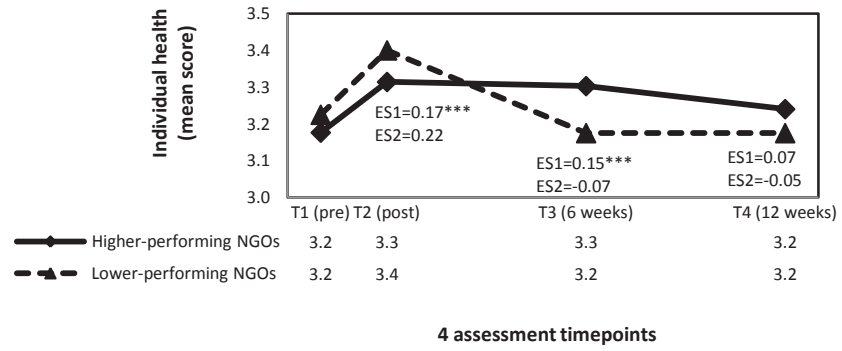
*:p<0.05, **:p<0.01, ***:p<0.001, compared with T1
ES=effect size (Cohen's d): small=0.10, medium=0.50, and large=0.80
ES1: effect size of higher-performing NGOs, ES2: effect size of lower-performing NGOs

Figure 4.4.6: Family happiness score (0-10)



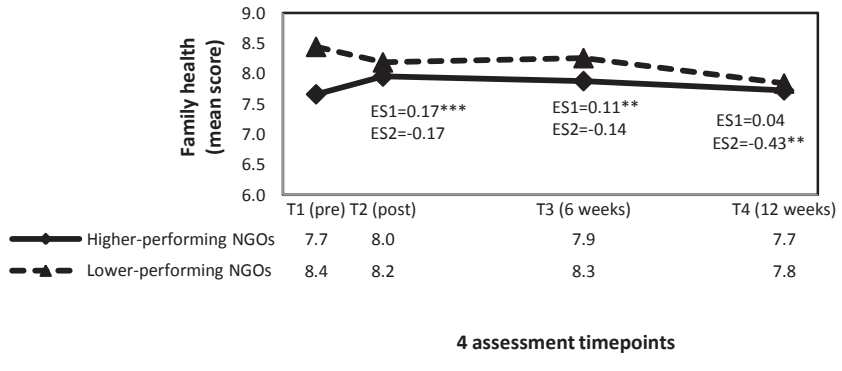
*:p<0.05, **:p<0.01, ***:p<0.001, compared with T1
ES=effect size (Cohen's d): small=0.10, medium=0.50, and large=0.80
ES1: effect size of higher-performing NGOs, ES2: effect size of lower-performing NGOs

Figure 4.4.7: Individual health score (1-5)



*:p<0.05, **:p<0.01, ***:p<0.001, compared with T1
ES=effect size (Cohen's d): small=0.10, medium=0.50, and large=0.80
ES1: effect size of higher-performing NGOs, ES2: effect size of lower-performing NGOs

Figure 4.4.8: Family health score (0-10)



*:p<0.05, **:p<0.01, ***:p<0.001, compared with T1
ES=effect size (Cohen's d): small=0.10, medium=0.50, and large=0.80
ES1: effect size of higher-performing NGOs, ES2: effect size of lower-performing NGOs

4.1.6 Discussion

4.1.6.1 Behavioural changes and family communication and 3Hs status according to five intervention themes over time

Participants' behaviour changes corresponding to intervention themes were examined. In the "gratitude" theme group, participants' behaviour changed significantly after the intervention programme. They expressed thanks to and praised the strengths and goodness of their family members more often than before, and provided kinder and more positive suggestions instead of criticism. All such behaviour changes are likely to play a positive role in improving family communication. Some studies [34-35] have pointed out that gratitude is related to fewer depressive symptoms, with positive reframing and positive emotion serving as mechanisms that account for good relationships. In our project, we found that the family communication score increased significantly over time in the gratitude theme group (Table 4.6.1), which is consistent with previous studies that gratitude contributes to a reciprocal process of relationship maintenance [34-35].

In the health theme group, we found that participants used the "3 low, 1 high" rule (i.e. low sugar, low salt, low fat and high fibre) to choose or cook food more often at the booster assessment and at 12 weeks after intervention than at baseline. In addition, fruit and vegetables consumed per day increased from 4.72 portions and 5.13 bowls at baseline to 5.14 portions and 5.57 bowls at 12 weeks respectively. The consumption of grains also increased from 5.58 to 5.98 bowls/day. Although the change in consumption of fruit and vegetables was found to have no statistical significance over time, compared with baseline status, consumption of grains increased significantly at the booster session. All these behaviour changes indicated that the participants ate more healthily after the intervention programme. In a systematic review [36] of environmental determinants of healthy eating, Johannes et al. found that socio-cultural environmental factors may be more important for healthful eating than the physical environments that define the availability and accessibility of foods. Our study demonstrated that the individual's eating habits could be changed by a positive community-based intervention, supporting Johannes's view that individual eating behaviour can be changed through the influence of the social environment. The health theme group's family communication score increased significantly after intervention accordingly, while most of the 3Hs had no significant changes over time. We suggest that the effects of healthy eating behaviour on 3Hs might be slow but were persistent, and a longer time was needed to see positive results.

Also, there were some behaviour changes among the other three intervention theme groups over time. In the Happiness group, participants said "Let's eat together" more often than before; in the Flow and Savouring groups, participants tried to put aside personal worries when dining with family, observed with care and gave positive responses, or ate more slowly and paid more attention to savouring the food. All these positive behaviours are likely to improve the pleasurable emotions of family members, and improve communication among them.

The scores for family communication and 3Hs among participants generally increased over time (Table 4.6.1), indicating that our community intervention programmes had produced positive effects. However, not all family communication and 3Hs scores increased among the five intervention theme groups. In fact, except for the Gratitude group, fewer overall trends of family communication and 3Hs were found to have significantly increased in the other 4 groups. The largest group was Gratitude but the other four groups' sample size ranged from only 44 to 169 individuals, which did not have sufficient statistical power to detect smaller effects. In addition, the various intervention activities in these groups designed by social service organizations themselves had different kinds of participants and could have different quality, causing different intervention effect size among the five theme groups. Nevertheless, some significant increased trends were found by pair wise comparison between T3 (booster) and T1 (baseline) or between T4 (12 weeks after baseline) and T1 (baseline) among these four groups. This indicated that, even if a significant overall increased trend was not found over the whole programme, it did not mean that such intervention activity had no effect on the outcomes, because the effect might decline from T3 to T4 – and hence we could not therefore find a significant and persistent increasing trend of outcomes over time. For this reason, we concluded that the five intervention themes all showed certain positive effects on improving family communication and 3Hs.

4.1.6.2 The application of the CBPR approach to a Hong Kong population

To our knowledge, this is the first time a CBPR approach has been used on a brief positive psychology intervention project involving so many social service organizations and participants to improve family communication and 3Hs among Hong Kong residents. No comparable studies have been conducted in Hong Kong.

During the intervention programmes, we found certain problems which should not be neglected. One was the high rate of withdrawal with nearly 40% of participants lost to follow-up at booster and 12 weeks after the baseline. The reasons for this loss were various, and both subjective and objective factors might have influenced participants' willingness to continue attending the programmes. Such reasons included the questionnaire being too long, participants being too busy, bad weather, long travelling distance, and others. The high rate of withdrawal might lead to response bias and reduced representativeness of the remaining participants. How to improve the response rate during the follow-up in community-based intervention programmes are therefore an important issue. Certain methods need to be considered, such as providing incentives after the intervention activities, giving suggestions to the participating organizations to help them design more attractive activities, and maintaining effective follow-up procedures and recording files. The second problem was quality control of the programmes, since the social service organizations did not have a strong research culture and infrastructure and the capacity for basic research skills like data collection, record maintenance, intervention delivery and process evaluation were inadequate. Also, the enormous volume of data collected posed some real challenges for data storage and cleaning, and a centralized data management system throughout the programmes was needed, which was labour intensive.

4.1.7 Conclusions

The Happy Family Kitchen project is a good demonstration of a CBPR in which all the partners involved played an active role in the programme design, its implementation, and evaluation. To gauge the effectiveness of the community-based family programmes, this project adopted a rigorous scientific approach which included questionnaire surveys with follow-up at different time points up to 12 weeks to measure the participants' behaviour and attitude changes. The encouraging results support further development of community-based practice models integrating positive psychology and family education with scientifically rigorous evaluation and pragmatic operation. However, we did not have a control group for all themes, which would limit the strength of the evidence of effectiveness.

- After the community intervention programmes, participants' behaviours corresponding to the intervention themes changed significantly;
- The intervention programmes significantly improved family communication and 3Hs among overall participants;
- The five intervention themes all had certain positive effects on improving family communication and 3Hs;
- Of the five intervention theme groups, that of "Gratitude" had the most significant effects on family communication and 3Hs.

4.2 PROCESS EVALUATION

4.2.1 Introduction and objectives

"Process evaluation is a growing and important component of a comprehensive evaluation effort" [37]. In this project, process evaluation was conducted throughout to assess the quality and fidelity of the intervention delivered, and the acceptability and feasibility of the programmes, and to identify areas for improvement. Evaluation tools included a standardized programme observation form, an evaluation questionnaire for participants, attendance records, final reports from HKCSS and the participating social service agencies.

4.2.2 Methods

A standardized programme observation form was developed for evaluations of the programmes. At least two note-takers monitored the activities and filled in the observation form for each programme to examine: content fidelity, participants' interest, participation and involvement, interaction of delivery method, strategies to enhance motivation of participants, time management, programme preparation, programme elements, resources, success of implementation, implementation quality, degree of achievement of overall objectives, and barriers and difficulties encountered during the programme. Additionally, other information including number of participants, number of instructor(s), worker(s) and volunteer(s) were also documented in the form. As the project was jointly organized by The Hong Kong Council of Social Service and the FAMILY Project, note-takers included representatives from both sides, who were FAMILY Project investigators, trained student helpers from HKU and project managers from HKCSS.

In addition, other instruments were employed to triangulate the findings, including behavioural checklists and programme rundowns. The behavioural checklist was completed by each agency before the programme started, which specified the programme objectives, the key components of each selected theme and their behavioural indicators. Agency workers addressed the checklist by setting out their methods – how their programmes could bring out the messages and encourage the desired behaviours. In addition, rundowns were collected from the agencies before programmes began. Both behavioural checklists and programme rundowns were used as references in filling the observation form to evaluate adherence to programme content and to quantify the dose delivered.

4.2.3 Results

The Happy Family Kitchen programmes were evaluated against the six key components of process evaluation: context, reach, recruitment, dose, fidelity, and costs and resources.

4.2.3.1 Context

As a pilot project, one single district – Yuen Long (including Tin Shui Wai) – was selected as the service district because of its unfavorable social and economic environment. Yuen Long had a high demand for community services because of the high prevalence of domestic violence and low socio-economic status. In 2010, the newly reported battered spouse cases in Yuen Long accounted for 9.6% of the Hong Kong total [38]. Yuen Long also had lower income in that year: the proportion of households with a monthly household income less than HK$10,000 was 27% in Hong Kong, while for Yuen Long it was 30.4% [39].

4.2.3.2 Reach

There were 23 social service units from 19 organizations (18 non-government organizations and 1 government department) based in Yuen Long participating in the project. As a result, a variety of social service targets were involved – e.g. the elderly, mentally retarded, physically disabled, battered spouses, abused children, and new arrivals from mainland China. In addition, some organizations collaborated with local primary and secondary schools when recruiting participants. Varied combinations of participating families were included, e.g. parents and children, elderly parents and adult sons/daughters and elderly couples. Multiple service targets were addressed in this project.

With the requirement that participating families should be consisted of at least two members aged 6 or above, some participants were excluded from analysis. Moreover, only the first was counted for those with multiple participations. It was noteworthy that some units could not recruit enough participants in one single session, and thus needed to re-run their programmes to achieve the target number of participants. In the end, a total of 1,006 families (2,447 individuals) were successfully recruited for all the family activities, which met the target of 1,000. Intervention activities were implemented from January to June 2011, which met the schedule.

4.2.3.3 Recruitment

The procedures used to promote, attract and approach participants were documented by final reports submitted by participating organizations after the programme was completed.

Both active and passive methods were used for recruitment. The former included outreach recruitment on the streets, during other activities of the organizations or clients' monthly meetings. Some organizations employed a more personal way of approach, such as phone invitations, face-to-face invitations when subjects met at service centres, social workers' referrals and even paid home visits to their usual clients. Very often, when the social service providers knew the subjects well and had established a good relationship, they were more easily motivated to join. In the case of rehabilitation organizations, as the subjects were members or hostel residents, social service providers approached parents when they picked up or visited their children at the centre, or invitation letters were sent to parents.

School collaboration was another recruitment strategy. One organization collaborated with a school and let it recruit participants inside the school. Another two collaborated with schools in their re-run programmes so as to meet the target number of participants. In addition, low programme fees were also being used as a recruitment strategy; for example, the subsidized fees already included a seafood lunch in Lau Fau Shan and transportation; outdoor trips were another attractive aspect, as going to a farm or campsite could encourage families to join.

Most organizations employed a mixture of promotional methods, e.g. putting up banners in the streets; handing out pamphlets or putting up posters at their social service centres, schools and other closely connected organizations, security counters and mutual aid committees of estate housing blocks; distributing promotional materials as attachments to those for other activities of the organizations or by case social workers to clients. Some organizations promoted the programmes through their websites and newsletters.

To retain participants in the booster session, most organizations reminded them to join it towards the end of the second session and also made follow-up phone calls. On the other hand, some organizations encouraged participants to do homework and brought them along to share the results at the booster session, or asked them to collect the photos taken at the first session. One organization asked the participants in the first session to prepare a healthy dish at home and come back at the second session to collect HK$20 convenient store coupon for buying the food ingredients. In addition, cash coupons were given out at the booster session by the FAMILY Project as an incentive upon completion of the session and the session's questionnaire. A HK$20 convenient store coupon was issued to each family.

4.2.3.4 Dose

4.2.3.4.1 Dose delivered

"Dose delivered" refers to the number or amount of the interventions delivered. In our project, the concept of "five principles of positive psychology to improve communication" was developed to encourage happy family dining. To limit dosage variability, it was suggested that each service unit choose one theme only in order to have better control of the dosage. As a result, many units chose the theme Gratitude (13 units), Happiness, Flow and Health were chosen by three units respectively, while only one chose Savouring. As this was a CBPR project, the intervention was not provided by the research team. Instead, it was delivered by the service providers of 23 participating social service units from 19 organizations (18 non-government organizations and 1 government department) in Yuen Long. The organizations designed their own programmes to suit their diverse social service settings. As the project involved very different social organizations, the programmes varied according to different social service settings and service targets, as below (Table 4.7).

Table 4.7 Service targets of the project participating units

Service target(s) of participating units	Number of units involved
Family	4
The elderly	2
Children & youth	8
Rehabilitation	4
Community development	3
Mixed	2
Total	23

Delivery approach

"Making good use of cooking and dining time to promote positive family communication" was the central idea of the project. Cooking, the thematic activity was incorporated into many intervention activities, which provided participants with the opportunity to design and prepare food with family members. These intervention activities were family-centred and engaged family members to take an active part. Apart from activities and games, some organizations made good use of homework to consolidate the programme theme: calendars to record praise given to family members every day, handbooks to record appreciative actions, and so on. Intervention activities were implemented at multiple locations, mainly centre-based, while others were at schools or in an outdoor environment (e.g. farmland, campsites).

Number of doses

All intervention activities were delivered in the form of two core sessions (first and second) plus a booster session (at least one hour per session). The majority of the units chose to conduct first and second sessions on the same day because it was easier to retain participants, with only two units running the first and second sessions on separate days. Some offered two or three time-slots for participants to choose from, to fit in with different families' schedules.

Between the intervention and booster sessions, some social service providers phoned to remind participants to do home assignments, and also asked about their perceptions of family members' changes and feelings, in this way delivering an extra small amount of booster.

Unbalanced dosages were found in some programmes composed of different parts. For example, the first part (indoor activity) was carried out with a high degree of adherence, while the second (outdoor trip) had no dosage at all, with participants simply having lunch and free time for sight-seeing. In addition, programmes were sometimes delayed because participants were late or filling in the pre-activity baseline questionnaire (T1) in the first session. In response to this, workers tightened the schedule by skipping some planned activities, and the dose delivered was slightly reduced as a result.

4.2.3.4.2 Dose received

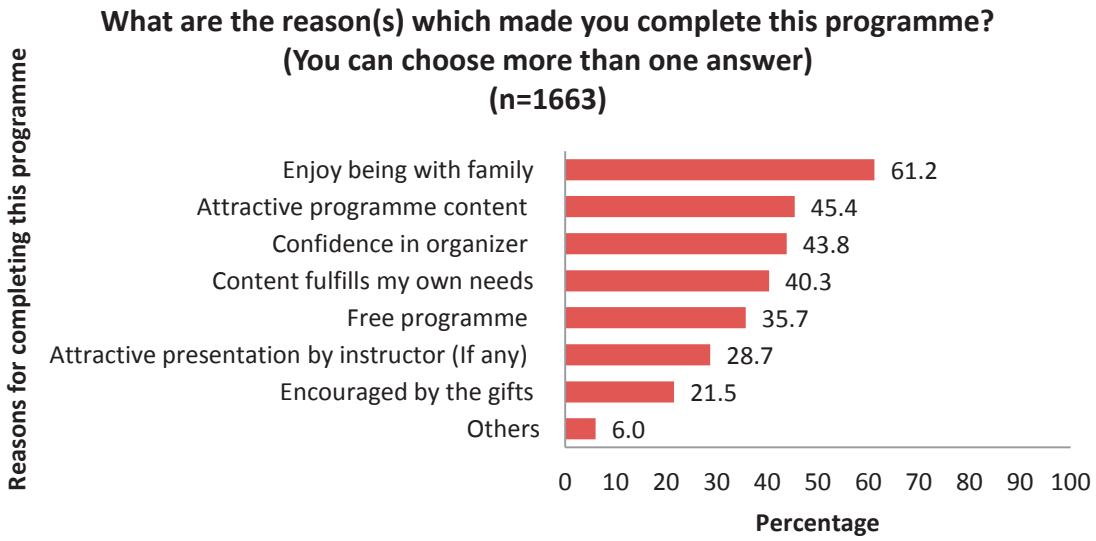
"Dose received" refers to the extent to which participants actively engage with, interact with, are receptive to and/or use materials or recommended resources.

Needs of participants

Programme design generally met the needs of the subjects. Most programmes were family-oriented and involved the participation of family members present. But, in the case of specific sub-groups, programme design was sometimes not focused enough to help people with special needs. A talk on the pursuit of happiness might be too abstract to be understood by the elderly; game instructions were complicated and also caused confusion among some elderly participants. Children were also a concern. Young children easily felt bored, and their attention wandered away from talks; some tended to play by themselves or were put in a separate room arranged by the organization, and thus received no intervention at all.

As a reason for completing the programme, approximately 60% of the participants gave "enjoy being with the family". Other reasons respondents thought essential included "attractive programme content" (45.4%), "confidence in organizer" (43.8%), "content fulfils my own needs" (40.3%) and "free programme" (35.7%). Only 21.5% gave "encouraged by the gifts" as their reason for completing the programme (Figure 4.5).

Figure 4.5 Reasons for attending community programme



Observer evaluation

Level of participation

Based on the observer evaluations, over half (mean=5.86 on a scale of 1-7 marks) of participants got involved in the activities, which might be due to the fact that half of the time (mean=5.12 on a scale of 1-7 marks), a variety of strategies were used to enhance their motivation (Table 4.8). To tie in with the theme of eating, refreshments were provided during or after many programmes (75% programmes) (Table 4.9) and were well received by participants. Other strategies included in-class exercises, group discussion, helpers/leaders in small groups, and small gifts of healthy food, taking and giving out family photos, and showing photos of memorable moments during the booster session. Ice-breaking and interesting games were commonly used, which encouraged participation and enhanced interaction among family members and others. However, in some outdoor games, some families focused on enjoying the camping facilities and taking photos without joining the thematic games. Some families concentrated on winning the game to get the incentive, without paying attention to the theme.

Simple acts increased participation. In the cooking activities, parents were happy to praise their children by offering badges when they offered help, and families gave out "Like" stickers enthusiastically to show appreciation for efforts made by family members during the cooking process. A progressive approach had also been shown to be effective in encouraging participation: asking people to express gratitude verbally first, then non-verbally (hugging, kissing), with former acting as motivator for the latter.

Participants' interest and satisfaction

The participants showed interest in the programmes, with an observation mean score of 5.59 on a 1-7 scale (Table 4.8). In the cooking activities, the participants showed great interest and were actively involved. They enjoyed designing, preparing and cooking food, and also had the chance to taste hand-made food jointly prepared by themselves and their family members. (Although there was one case where the food and cooking demonstration by the chef attracted participants but the theme was not mentioned at all.)

From the observers' views, other programme delivery methods such as role-play were found effective in arousing interest and triggering discussions. For instance, a role-play was staged to show real-life situations of positive and negative ways of family communication affecting family life. The social service providers initiated discussion right after the role-play and received many responses from the elderly participants.

Often there were sharing sessions in the programmes. In general, participants were willing to share the core messages within their small groups, but were shy of doing so in front of a large audience. In such circumstances, the social service providers would encourage the participants and give out small gifts as incentives; such methods were often effective. In the case of a programme conducted in the form of a talk, when the workers observed that it was going on too long and the audience felt bored, they responded quickly by adding interactive games.

Participants also showed positive responses to home assignments. In some programmes, booklets, diaries or cards with attractive designs were given to participants, and they were asked to do home assignments by writing words of thanks towards family members, making diary covers by using family photos, sharing healthy family recipes, recording healthy food eaten, etc. Participants were encouraged to bring the homework back to the next session to show to others. If participants did not know how to write, they were encouraged to cut out and paste or draw. Many participants completed the homework and showed it off to others enthusiastically in booster sessions. A few even thought that the booklets could be used as photo frames. On the other hand, there were parents who said they did not understand the content and requirements of the home assignments, and some participants simply lost the booklets.

The average score among the participants (n=1638) was 8.22 (SD= 1.71), and the majority were satisfied with the programmes. As shown in Figure 4.6, 82-83% were satisfied or very satisfied with the programme format, content and arrangement, and with the venues. Over 86% were satisfied or very satisfied with the instructors' presentation and overall performance, with only 2-3% dissatisfied with the programme.

Level of interaction

The observation mean score for programme interaction level was 5.44 on a scale of 1-7 (Table 4.8). Some programmes were quite interactive, involving family members and bringing them together, hugging each other, giving and sticking "Like" stickers, writing words of appreciation to family members and playing interactive games. Such elements enhanced the motivation and interaction of participants. There was also interaction between social service providers and participants too, some of the former recognized the names and faces of the latter, and making use of established rapport to interact with the latter.

Competence of social service providers

In general, it was observed that the programmes were well prepared, with an observation a mean score of 5.46 on a 1-7 scale (Table 4.8). In the observers' view, the quality of programme design was highly dependent on the competence of the social service provider(s) in delivering the intervention. Some workers demonstrated a good understanding of the selected theme and delivered the message effectively. In the case of rehabilitation organizations, the workers were often very familiar with their clientele and families, and were attentive to their special needs, but other service providers did not always possess the knowledge and skills. Some did not fully understand the five principles of positive psychology, e.g. confusion of concepts between gratitude and flow, or between healthy food and happy food.

4.2.3.5 Fidelity

Fidelity is the extent to which the intervention is delivered as planned. In general, the programme implementation was quite successful with an observation mean score of 5.21, and the overall quality was high with a mean score of 5.10. Though the overall quality and success of programme implementation was satisfactory, with regard to the degree of achievement of objectives, a lower average score of 4.86 was found (Table 4.8), revealing that programme adherence was less satisfactory, with some objectives not being achieved as planned.

Fidelity was evaluated against the programme rundowns designed by the organizations and their behavioural checklists. Some programmes were able to deliver the message during cooking activities, with workers staying focused on the selected theme and emphasizing the theme throughout to reinforce the message. On the other hand, some programmes spent a lot of time on the cooking itself, but the core message was not mentioned at all, greatly affecting fidelity and with the objectives hardly being achieved.

4.2.3.6 Costs and resources

The project was wholly funded by The Hong Kong Jockey Club Charities Trust. Each participating unit was granted HK$10,000 for programme operation. The funding did not include staff salary of the service units.

During programme implementation, the adequacy of resources (human, equipment, teaching aids, etc.) was rated, with a mean score of 5.50 on a scale of 1-7 (Table 4.8), revealing that the programmes generally had adequate resources with the grant, and manpower contributions by the service units.

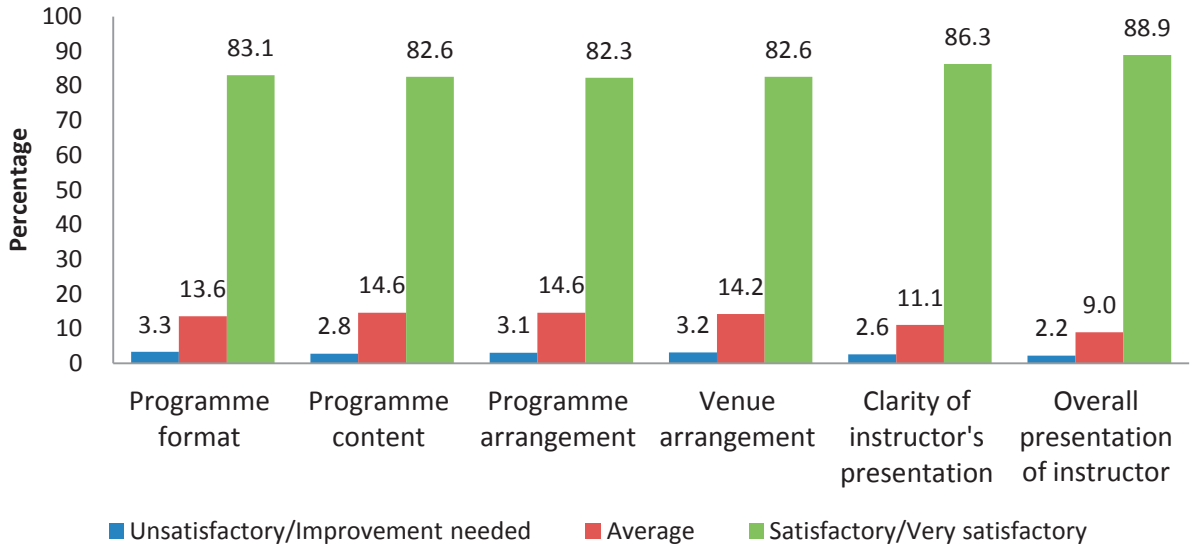
Table 4.8 Overall evaluation by observers

	Mean (S.D.)
Participants' interest (1=None or very few were interested, 4=Half were interested, 7=All or nearly all were interested)	5.59 (0.93)
The extent to which participants get involved in the activities (1=None or very few participated, 4=Half participated, 7=All or nearly all actively participated)	5.86 (0.94)
Interactivity of delivery method (1=Not interactive at all, 4=Half interactive, 7=Very interactive all the time)	5.44 (1.08)
The extent to which strategies were used to motivate the participants (1=No Motivating Strategies At All, 4=Half the Time, 7=Motivating Strategies Used All the Time)	5.12 (1.34)
Time management by instructors (1=Very Poorly Managed, 4=In-Between, 7=Very Well Managed)	5.17 (1.27)
Programme preparation (1=Very Poorly Prepared, 4=In-Between, 7=Very Well Prepared)	5.46 (1.23)
Adequacy of resources used (human, equipment, teaching aids etc) (1=Insufficient, 4=In-Between, 7=Sufficient)	5.50 (1.26)
Success of programme implementation (1=Very Unsuccessful, 4=Average, 7=Very Successful)	5.21 (1.15)
Quality of programme implementation (1=Very Low, 4=Average, 7=Very High)	5.10 (1.13)
Degree of achievement of overall objectives (1=Not Achieved At All, 4=In-Between, 7=All or Nearly Achieved)	4.86 (1.44)

Table 4.9 Motivational strategies used in intervention activities

	(N=80) (%)		(N=80) (%)
PowerPoint presentation	31 (38.8)	In-class exercise	48 (60.0)
Ice-breaking game	36 (45)	Homework	32 (40.0)
Games	51 (63.8)	Movie clippings	7 (8.8)
Talk	39 (48.8)	Sound effects/music	29 (36.3)
Pictures/text/teaching aids	34 (42.5)	Refreshments	60 (75.0)
Discussion	33 (41.3)	Other items	28 (35.0)
Small group	51 (63.8)		

Figure 4.6 Participants' level of satisfaction with programmes



4.2.4 Discussion

4.2.4.1 Facilitators and barriers, programme design

Eating, the thematic activity, was attractive to the participants in general. But, most importantly, programme design should not depart from the selected theme, to ensure adequate dosage for each session. In addition, programmes should be tailor-made to meet the needs of the target social service group. The elderly or mentally retarded people might not understand talks on such concepts as "Savouring" or the "pursuit of happiness". For children a talk on positive psychology might not be very interesting, resulting in them moving around the venue and thus distracting other participants. One unit reported that, with limited resources, it was difficult to attract participants to the booster session by offering attractive programme content or other incentives.

4.2.4.2 Facilitators and barriers, programme implementation

The atmosphere of the session played an important role. In one, cake decoration was a form of competition, diverting the participants' focus to the competition instead of appreciation of family members in helping each other. To facilitate implementation, one unit collaborated with a secondary school and trained up a group of students as volunteers to assist in the programmes, improving the quality of the programme setting.

A few programmes were video-taped by HKCSS for publicity purposes, and this might have affected the response of the participants through the Hawthorne effect (which "denotes a situation in which the introduction of experimental conditions designed to identify salient aspects of behaviour has the consequence of changing the behaviour it is designed to identify" [40]). Additionally, some participants found the questionnaires long, complicated, difficult to comprehend or requiring completion for multiple times, and so did not join the booster sessions.

4.2.4.3 Facilitators and barriers, people

"Successful community-based projects are dependent on sustained alliances with a wide range of players" [41]. In the recruitment process, some families thought that they could not fulfill the requirement to have two members to attend all three sessions, and did not enroll in the first place. It was also difficult to recruit male adult participants and teenagers; one unit even reported that children aged nine or above were unwilling to join along with their parents. A few agencies required a deposit for joining the programme, which some families could not afford. Generally speaking, it was easier to recruit participants when the programme fee was low or nil. If residents were frequent service users of an organization, they were more motivated to join the programmes. There were, however, rare circumstances where different organizations competed for same potential participants. Various types of organizations encountered different difficulties. At a rehabilitation centre, some hostel residents had no family member to contact or it was difficult for elderly family members to travel for long distances. Family members of rehabilitation organizations were also unwilling to be filmed which was not a requirement, and did not join the programme for this reason. The agency whose service target was countryside residents found eligible participants limited in number and living scattered over the area, increasing the difficulty of publicity and recruitment.

During the programmes, there were cases where different family members joining different sessions (e.g. mother and child in the first session, but changing to father and another child at the booster session). Too many participants in a programme reduced individual attention, and one unit commented that the maximum number of families should be 10 for programmes with sharing sessions, since if the sharing process went on too long with too many people, the programme's pace would be too slow.

It was observed that where workers had a mentality of providing good quality services with good leadership skills and were well prepared, the programmes were better implemented. Furthermore, workers having an established rapport with participants were better able to motivate participants and facilitate programme delivery. In rehabilitation organizations, social service providers often took good care of the participants and paid a lot of attention to ensuring their involvement. Since some participants were hostel residents of the organization, the workers were already familiar with the participants and could motivate them easily. External instructors (e.g. guest speakers) with good interaction skills increased participant involvement.

4.2.4.4 Facilitators and barriers, place

Cooking activities were often organized to fit in with the project theme, but there was a shortage of venues and facilities allowing 50 families to cook at the same time. As a result, many organizations had to re-run programmes in order to meet the target number of participants, and extra manpower and other resources were needed. Organizations without their own kitchens had to borrow venues from others. Moreover, insufficient kitchen utensils made participants wait and take turn in the cooking process.

Interventions outdoors (e.g. on campsites, farmland or strawberry gardens) were well received by families. Yet the intention to participate in outdoor activities was affected by the cold weather (in February). Interventions conducted on the tour buses made it hard for the elderly to participate, and campsites became fully booked quickly. In the case of indoor programmes, convenient location of a service centre was an advantage in that participants did not need to travel for a long distance to join.

4.2.4.5 Facilitators and barriers, period

Because a number of residents expressed interest in the programme but their family members could not join because of work, family-friendly employment practices need to be further promoted to help residents maintain work-life balance. Some other residents said that they had participated in other similar programmes in the district held earlier. Other reasons for non-attendance included participants going to visit their ancestors' graves during Ching Ming Festival, traveling abroad during the Easter holidays, preparations for the Lunar New Year and Tuen Ng Festival, bad weathers, clashes with school activities, tutorial or leisure classes. To overcome these time factors, more promotional efforts are needed to attract participation.

4.2.5 Conclusions

The process evaluation results suggested that the community-based family programmes were well received by the participating families:

- Recruitment of a large number of families/participants was a major challenge;
- Thematic activities, cooking and eating, attracted residents to join;
- The programmes received a favorable response from Yuen Long residents, with more than two thousand participants;
- Families demonstrated interest in the programmes, with a high level of participation;
- Participants showed a positive response to home assignments, which might act as a form of reflective learning;
- Programme fidelity was highly dependent on the workers' level of understanding of the selected theme, and the willingness to provide good quality services.

As all the intervention activities were designed and delivered by workers from the participating social service units, their expertise and frontline experience were one of the key factors to programme success. Generally speaking, the programmes made good use of cooking and/or eating to bring out the message of positive family communication. To improve programme fidelity further, it is suggested that community programmes be more focused to suit the specific needs like time and other constraints of different service targets.

4.3 QUALITATIVE EVALUATION OF COMMUNITY PROGRAMMES

4.3.1 Post-intervention participant focus group interviews

4.3.1.1 Introduction and objectives

Focus group discussion was conducted among programme participants after the Happy Family Kitchen programme. The aim of the interview was to explore the communication experience of families as well as their FAMILY Health, Happiness and Harmony (3Hs) after participating in the programmes. Such information was useful in the evaluation of programme effectiveness. With the following specific objectives, community programme participants' focus groups were formed:

- To assess the extent to which the intervention (i.e., eating/cooking together) had enhanced family communication;
- To explore the barriers to the practice of family communication;
- To examine whether or not the intervention programmes had helped in improving FAMILY 3Hs.

4.3.1.2 Methods

Programme participants were invited to attend a focus group discussion about three months after the first intervention. The recruitment of the focus group participants was organized by each participating unit. A total of 21 focus groups were successfully conducted during the period from mid-April to late August 2011. The inclusion criteria were as follows:

- Families who had at least participated in first core or second core or booster session;
- Living in Yuen Long;
- Able to read and speak Cantonese;
- Aged 10 years old or above.

Participation in the focus groups was voluntary, and written consent (and a questionnaire on demographic characteristics) was collected from the participants before the discussion began. All personal information collected was kept confidential and for research purposes only. The interview was semi-structured with an open-ended interview guide, and questions were designed according to the aims of the study. Some were specifically constructed to probe for the "Five principles of positive psychology to improve communication" (the five themes: gratitude, flow, happiness, health and savouring), with only one specific theme involved in each respective focus group.

All group discussions lasted for about 60 minutes, in a quiet venue arranged by their participating units. Each group was managed by a panel of three members, one moderator and two note-takers. Staffs from The Hong Kong Council of Social Service and The University of Hong Kong were involved in this data collection process. The interviews were conducted in Cantonese, and audio-taped. A HK$50 supermarket coupon was offered to the participants as an incentive.

Qualitative data were analysed by a panel of two researchers; one attended the focus group interviews, while the other was absent, an arrangement ensuring objectivity during analysis. Transcripts were analysed by thematic content analysis, following the guidelines recommended by Morse and Field [42]. Each transcript was analysed sentence by sentence and coded for the respondents' meanings. Initial open coding of the data used differing codes, which were then organized into categories. Categories were then integrated into themes within and across groups. Once the categories and themes were identified, the transcripts were reviewed again to validate the thematic analysis and to ensure that all meaningful interview data had been analysed. Data comparisons within and between groups were also conducted. Field notes were reviewed alongside the transcripts during the process.

To ensure the reliability of the qualitative data, several procedures and measures were implemented throughout data analysis. All qualitative interviews were audio-taped and transcribed verbatim in Cantonese in order to capture every nuance of expression unique to the dialect. At least 10% of the transcripts were double-checked with the recordings. Coding was processed by two project team members, one of whom attended the interviews, and the other absent. This special arrangement ensured objectivity during analysis.

4.3.1.3 Results and discussion

4.3.1.3.1 Composition of focus groups

A total of 207 participants from 196 families were interviewed, with numbers in each group ranging from 5 to 13. Details of group composition are shown in Table 4.10. Regarding the themes, 13 groups of participants covered the theme of "gratitude", three "happiness", two "health", two "flow" and one "savouring". In terms of group composition, there were 11 groups of mothers, three of parents, two of the elderly, two of immigrants, one of children, one of families with children requiring special care and one of the physically/mentally challenged.

Table 4.10 Composition of family programme participants' focus groups[a]

Group ID	Theme	Group nature	No. of families	No. of participants
1	Gratitude	Mother	10	10
2	Gratitude	Elderly	7	13
3	Gratitude	Mother	10	10
4	Health	Children	9	9
5	Gratitude	Immigrants	5	5
6	Happiness	Mother	9	9
7	Gratitude	Parents	10	11
8	Flow	Immigrants	12	12
9	Gratitude	Mother	11	11
10	Health	Mother	12	12
11	Happiness	Mother	7	7
12	Flow	Parents	8	9
13	Happiness	Elderly	9	12
14	Gratitude	Mother	9	9
15	Savouring	Physically/mentally challenged	7	7
16	Gratitude	Parents	9	9
17	Gratitude	Mother	13	13
18	Gratitude	Mother	7	7
19	Gratitude	Family with child(ren) needing special care	12	12
20	Gratitude	Mother	12	12
21	Gratitude	Mother	11	11

[a] Three participants attended focus groups twice

4.3.1.3.2 Sample characteristics

The characteristics of the sample are shown in Table 4.11. The majority of focus group participants were female (87%), aged 35 to 54 (67.1%), married (80.1%), and had been living in Hong Kong for seven years or more (81.2%). The majority had a relatively low educational level, 94.6% educated only to Secondary 5 or below. Participants were also generally of low social-economic status, as most lived in public housing (64.3%), were unemployed or housewives (72.4%), had a monthly household income of less than HK$10,000 (52.9%) and had no social security (73.7%). In addition, 126 participants (61.5% with 2 missing answers) had never joined activities concerned with family communication before joining the Happy Family Kitchen project (data not shown).

Table 4.11 Demographic characteristics of family programme participants in focus groups (n=207)

Characteristics	No.	(%)
Gender		
Male	27	(13)
Female	180	(87)
Age		
10-34	36	(17.4)
35-54	139	(67.1)
55 or above	32	(15.5)
Length of residence in Hong Kong (years)		
< 7	39	(18.8)
≥ 7	168	(81.2)
Place of residence		
Public housing	133	(64.3)
Home Ownership Scheme/private housing/village house	63	(60.4)
Others	11	(5.3)
Marital status[a]		
Married	165	(80.1)
Unmarried	41	(19.9)
Education[b]		
Secondary 5 or below	194	(94.6)
Matriculation or above	11	(5.4)
Employment status[c]		
Student/employed	36	(17.7)
Seeking job/unemployed/housewife	147	(72.4)
Retired	20	(9.9)
Monthly household income (HK$)[d]		
≤ 9,999	99	(52.9)
10,000-19,999	72	(38.5)
≥ 20,000	16	(8.6)
Social security[e]		
None	132	(73.7)
Comprehensive social security assistance/disability allowance	47	(26.3)

[a]: one missing value, n=206
[b]: two missing values, n=205
[c]: four missing values, n=203
[d]: twenty missing values, n=187
[e]: twenty-eight missing values, n=179

Attendance figures for focus groups are given in Table 4.12. There were three sessions in the programme – the first, second and the booster, and most participants attended all three sessions (83.1%), while 16.4% attended only two. A single participant (0.5%) attended only the booster session.

Table 4.12 Focus group participants' attendance in the family programmes (n=207)

Session(s) attended	No.	(%)
All sessions	172	(83.1)
Sessions 1 & 2	5	(2.4)
Session 1 & booster	29	(14)
Booster session only	1	(0.5)

Results generated from content analyses covered the following topics: programme effectiveness, challenges to family communication, a reflection on using the questionnaire as an intervention, and comparisons of intervention outcomes across five themes.

4.3.1.3.3 Programme effectiveness

In general, the intervention programmes were effective in enhancing family communication – "improvement in family communication" and "changes in communication" were commonly reported by participants. The degree of change varied from mild, like the awareness of the importance of family communication, to moderate, such as mutual empathy, to the most emphatic: deep reflection on the parent and child relationship.

(1) Participants were aware of the importance of family communication, and both the quantity and the quality of communication were greatly improved

Family communication is a crucial ingredient of FAMILY 3Hs. Instead of several alienated individuals sharing a flat, many participants became more aware of the importance of family communication after the programme. For instance, participants would treasure moments of being together, while a normally quiet father might start talking actively.

> *"We would chat more while having meals together…we had never thought about that in the past… In the past, just my daughter kept talking alone…Now, my husband would start talking… actively..."* (A mother, U6 16A Group 2)

Not only spending more time chatting, participants looked for better quality of communication as well. With the assistance of positive communication, they were more willing to share their own thinking and daily events. The mother in the following quote was even inspired by the programme. She was aware that just chatting was not good enough, and vigorously searched for strategies and common topics to enrich the communication between parents and children.

> *"I've got three kids, and the three of them chatted together while I chatted with my husband (at dinner, before the intervention)…*
> *Now (after intervention),…I'd…sometimes interrupt their discussion, talk about some IQ questions and jokes…If they (the kids) keep chatting on their own (topics), the gap between the kids and us (husband and me) would be bigger and bigger…"* (A mother, U21 7A)

(2) Empathy among family members

Empathy is the most impressive programme outcome to be noted by the participants, in particular, among mothers. Whenever asked about the changes before and after the programme, most mothers were glad and reported happily that their children would now understand their hard work, and actively help them to do the housework. Before the programme, gender division of labour was deep-rooted in most participants' minds, with the mother always becoming the only responsible person to manage all domestic affairs. The contribution of the mother is always invisible, and seems to be taken for granted. However, the programme allowed other family members to try the "Mummy's job". Other family members started to appreciate the contribution of their mother, and also learnt that everyone had a responsibility to share in the housework.

> *"'You bring lots of stuff home (for the family) every day after work, oh, thank you mum! You help me doing lots of things.' (The kid) he/she…is aware that I help him/her doing those things. In the past, you were mother; you ought to handle (those domestic affairs). Ought you not to look after (our living), cook for me? He/she thought that (everything) was all taken for granted! But now (it's) different,…he/she would say thank you to you…even (my) elder son, he knows praising, 'Mum, I give you a massage, you're very tired, right? (If you're) very tired, take some rest! Don't have to prepare the dinner so quickly!'"* (A mother, U1 30A)

The effects of empathy are not one-way, from children to mother. Parents have also started to think from their children's point of view. For instance, the quote below shows that a mother became aware that youth is not a reason for taking away the right of speech from the child in a family.

> *"(My) attitude in the past was, you had to eat whatever I cooked! Don't give so many opinions!...You're so young, right?...After (I) attended (this programme), (I) found that even a kid who is very young, (we) have to respect her, she has her thinking, she has the rights to express her thinking. Since then, very often, I would ask her actively, 'um, what do you want to eat tonight?'..."* (A mother, U9 30A)

After all, both children and parents should care about the feelings of each other.

(3) Changes in parenting

In addition to more communication and mutual understanding, the programme brought a fundamental change in the parent-child relationship, especially in parenting. Many parents in Hong Kong prefer to treat their children as babies that never grow up. They are always afraid that the kids will be hurt, and usually get everything well prepared for their children. However, most activities in the programmes often required every family member to work together, for example, with both parents and children preparing a dish. This offered a platform for the children to demonstrate what they could do, and parents started to trust the ability of their children. A mother (U20 Group 1 39A) shared her observation, and highlighted one of the important outcomes of the programme.

> *"Parents are happy…(they feel) their children have grown up… But, it is not the case, …it is the parents who are getting more mature… they know they should let go."*

In fact, the programme offers a good opportunity for parents to grow.

During the focus group interviews, many parents reported that they were more willing to allow their kids to do housework. The mother in the following example even invited her kids to offer help.

> *"…my sons are rather young, one is nine, and one is six…(I'd) also remind them to assist, and invite them to put rice into the bowls…[Did you invite your children to help doing housework?] Rarely. Because I thought my kids were so young, and boys were clumsy (in doing housework). Don't hinder me (from doing housework)! I preferred to do everything myself. That was my thought…(However, now) I will let them try some simple tasks, like washing dishes, stir-frying an egg…"* (A mother, U6 14A Group 2)

Besides, instead of the normal kind of parenting, which emphasises total authority over the children through scolding and even beating, participants reflected on what they did, and tended to apply democratic methods after exploring positive communication, a style, like praising and teaching with an explanation, they found to be more effective after all. In addition, they were more alert to control their emotions as well as their behaviours. Such parenting/ communication not only helps parents become a significant, exemplary role model for the next generation, but also fosters harmonious relationships among family members.

> *"…We may get angry easily and then beat (the kids), in fact, they would learn our attitude. I treated him (my kid) like this, I talked loudly, then he spoke loudly; I beat him, he did the wrong things again…you always found the kids misbehaved, but you (may) find it why (what they did) were so familiar? (They) did similar things, yelling, getting mad…In fact, when I was getting mad (I) was exactly the same. I would start improving myself…"* (A mother, U19 2A Group 2)

4.3.1.3.4 Challenges to family communication

While most participants declared an improvement in their family communication, some also pointed out challenges to communication they had encountered. Busy lives and passive family members were common concerns.

(1) Busy lives

A busy life is one of the key barriers to family communication, participants found. Hong Kong people are always busy. One teenager (U4 46B) described her family in the focus group interview: both her parents worked, and she was also busy with homework, and so they rarely had time to communicate with each other.

> *"[…Have you ever thought to do something in order to have more time for family communication?] No…Everyone is busy…[Do your father and mother work?] Yes, and (I) have lots of homework…[…Lots of homework…how about on holidays?...] (We) go somewhere to play. […the whole family?] No…because my sister is too young, so (she) rarely goes with (us)."*

In addition, although people do have some time for a chat, they have difficulty in getting away from the busy rhythm of life.

> *"[Would (you) treasure dinner time to communicate with each other?] Yes! However (my husband) really eats very quickly! So (I) can't chat with him…[Then, when would you chat with him?] (We) don't have time to chat…really out of time! As I said, you work so hard, it would be better to have a meal comfortably…He really takes five minutes, and then finishes the meal! (He) really hardly tell (you) the taste of the dish after eating! Really takes five minutes for a meal! He eats two bowls of rice, therefore, (it's) really difficult to chat while dining! [Have you suggested him eating slowly?] Oh, I can't talk him around! He said that he gets used to it! Because he is a driver, he usually has to buy a lunchbox, and then eats quickly on the truck! Therefore, he gets used to eat quickly! Sometimes, (if he was) in urgency, he has to eat while driving! As a result, (we) can't chat during dining…"* (A wife, U14 5A)

(2) Tackling passive family members about family communication

Communication always involves a process of interaction. Only one or even a few family members hardly make a great change in the communication of the entire family. The problem of passive family members centred on those who showed no interest in family communication, as well as those who were not eager to seek help. A mother (U12 4B Group 1) described her daughter's unwillingness to communicate:

> *"[…as (you or your family members are) always busy, when do you have time to (communicate) with (your) family members?]…Usually having meal in the restaurant…sometimes when my daughter was off, our family, the only way was to look for a table to have a meal in a Chinese restaurant, (chatting) over these several hours. Because (when) you were having meal at home, she (my daughter) would go back to her bedroom after dining…"*

In the focus group discussion, men were largely singled out by their wives as the passive family members hindering the enhancement of communication, owing to their unwillingness to seek help. A wife (U3 15A) who was very keen to encourage her husband into the intervention programme said:

> *"In fact, I saw some daddies joining (the activity). I did envy (to those families)…The biggest problem is that it's very difficult to push him (my husband) to go! Women and children usually have better communication (skills), while men are always worse! Men, in fact, need to play and have fun most. They're very stressful, and need to relax…I really wish him to join the activity with the children. He could develop better relationship with the children and be happy."*

Unfortunately, her husband was not willing to improve, and she described the frustrating response from her husband as follows,

> *"I knew I've problem…but don't expect me to seek (help) until I'm going to die, under the worst situation!"*

4.3.1.3.5 Implication – a reflection on using a questionnaire as an intervention

While difficulties with the implementation of the questionnaire assessment were reported by social workers, participants also initiated some discussion on questionnaire assessment in their focus groups. Both pros and cons on the subject were aired, and the valuable discussion revealed how questionnaires could promote family communication. The questionnaire assessment also implied or hinted the possible barriers that one should be concerned.

(1) Unexpected usefulness of questionnaire

Apart from being measuring tools, questionnaires had some unintentional usefulness in the intervention. Participants from different focus groups commented that questionnaires were "useful", and functioned like a "reminder" for both their family members and themselves. When participants filled in the questionnaires, they would think seriously about how much time they really spent with their family and this helped them to be aware of the importance of family communication. Some even mentioned that completing questionnaires several times was just like keeping a check on their progress, with an obligation to improve. While a wife might feel frustrated in making her husband change before the programme, the following example demonstrates how his attitude changed with the assistance of questionnaires.

> *"…the problems that I always repeated before, he (my husband) would never remember…After completing the questionnaires, I found that…he was aware that he does need some changes…that is, …the questionnaires with similar contents, he would remember…we have better relationship when getting along, and better communication…"* (A wife, U9 1A)

With the success of the above example, the wife in another focus group even suggested that, although the husband was absent from the activity, the wife would like to bring a questionnaire home, and let the husband fill it in. This suggestion could be considered for future programmes.

> *"…(the organizer) should require him (her husband) to fill in questionnaires…If a family joins the programme, and one of the participants (the husband) could not attend the activity, let the wife bring the questionnaire home for her husband to complete… [Is the questionnaire useful?] Yes, of course! Because men sometimes don't know how to speak their mind…don't know how to express… Like, the questionnaire asked, 'How much time do you spend on communication in a week…' … Anyway, just let them complete the questionnaires whenever they join the programme…to remind them (about the importance of family communication)…"* (A wife, U3 24A)

Some participants, in particular the wives, believed that this "take-home intervention" was a useful instrument to enhance family communication.

(2) Understanding of the questionnaire

Negative feedback on the questionnaire from the participants was also received. For instance, participants found it difficult to understand why questionnaires with similar questions had to be filled in several times after the activities.

> *"…there were too many questionnaires (assessments)…I prefer to complete (those questionnaires) at once! …I completed questionnaires at the day camp, and then filled in (the questionnaire) here again. I just completed one more (questionnaire) today! The questionnaires look like the same!"* (A granny, U2 30A)

Over-long questionnaires formed another common cause of complaint.

> *"…It (the questionnaire) is too long, (it) happens all the time, too long! …too many pages, that is, we get used to filling in questionnaires, however, the questionnaires are really too long for this activity!"* (A wife, U18 10A)

4.3.1.3.6 Comparisons of intervention outcomes across five themes

Five themes derived from positive psychology were used as intervention strategies in the project, and each participating service unit focused on one theme only. In other words, participants received a single type of intervention. Comparisons of intervention outcomes across five themes were conducted by qualitative content analysis. Improvement in family communication, which had previously been described in detail, was highlighted in every focus group, regardless of the theme. And the quote "spent more time talking with family members" was frequently specified.

In addition, Table 4.13 lists some quotes about other behavioural changes. Focus group participants who had received the "gratitude" intervention praised their family and said "thank you/sorry" to them more frequently after the intervention than before. Those who participated in the "happiness" activity had spent happier time with their families than before. Subjects who had attended "health" training paid more attention to their diet, and the food pyramid was much favored. Subjects of the "flow" and "savouring" interventions paid more attention to their quality time spent at dinner. They ate carefully and slowly, and talked to their family. In all, the intervention programmes of each theme generally met its specific aims and brought some positive behaviour changes in participants.

The ultimate outcomes, FAMILY Health, Happiness and Harmony (3Hs) were also analysed, and example quotes are listed in Table 4.14. In general, interventions of all five themes had a positive influence on FAMILY 3Hs. However, the improvement in 3Hs was not as significant as in the intermediate outcome, i.e., family communication because the majority of focus group participants were not likely to describe their changes in FAMILY 3Hs unless they were asked about the matter. Owing to the unequal numbers of focus groups against the five themes, as well as the nature of qualitative analysis, it would be unreliable to identify which theme had a stronger effect on 3Hs, or which outcome variable (health/happiness/harmony) had improved more.

Table 4.13 Example quotes of behavioural changes, classified by themes

Theme	Quotes
Gratitude	*"I appreciated them (my children) more…I felt uneasy to praise them at the beginning. But when I did more, I found it is quite natural to do so."* (A mother, U18 21A)
Happiness	*"My husband had bad temper previously…after the (training) courses, he had calmed down a lot."* (A wife, U13 29A)
Health	*"My child reminded me not to eat junk foods...she (my child) pays attention to what she eats (now), but previously (before the intervention) she just ate what I gave her."* (A mother, U10 930A)
Flow	*"My children had focused on the TV programme at dinner…(now) I let them watch TV for half an hour first, then we had dinner (with TV switched off). We talked at the table, sharing happy things happened today!"* (A mother, U8 34A)
Savouring	*"…eat slowly in order to taste it carefully...to see if it (the dumpling) looks good or not…"* (A mentally challenged person, U15 4A)

Table 4.14 Example quotes of FAMILY Health, Happiness and Harmony (3Hs), classified by themes

Theme	Quotes
Gratitude	***[Happiness, health, harmony]*** *"(I have) became very happy (after the intervention), as they (my children) praised me more…When she (my daughter) came back from school, she said: 'It (the food) smells so different than before! It smells much better!'… She (my daughter) did not eat that much, she would prefer to go outside for food, as I was really not good at cooking. Um…but after the activity, I have changed a lot. I tried not to overcook the vegetables, and avoided losing all the vitamins. Therefore, I can reserve the freshness of the vegetables, and they (my children) can taste the difference…I have paid more effort on cooking well…My three children praised me a lot… they said I am really a good mother!...Our family have become much happier (after the intervention)."* (A mother, U1 33A)
Happiness	***[Health]*** *"Previously…when I did food shopping, I brought what I like…but…now…I know that triangle (means food pyramid), even I really want to eat, I would also consider my family members…I would buy the healthy food now…for my family."* (An elderly, U13 124B Group 1) ***[Happiness]*** *"My husband said: 'Let me cook for you…You are my beloved wife!'…I laughed, and felt very sweet…And I called him Fu Go Chai (a nickname). We haven't called each other like this for over twenty years…very happy…"* (An elderly, U13 2A) ***[Harmony]*** *"You know that a child of three or four years old is really naughty. Now (after the intervention) I try not to shout at him (my child) immediately when he does wrong. I calm myself down first, then think carefully, and then chat with him peacefully…I remind myself that I have to forgive others more, and not to have bad temper on others…My family have more harmony as I have better temper now!"* (A mother, U6 5A Group 2)
Health	***[Health]*** *"(Mother) cook more vegetables than before."* (A child, U4 32A) ***[Happiness]*** *"He (my son) did not speak that much previously, but now (after the intervention), he is willing to chat with us, and thus he is much happier."* (A mother, U10 18A) ***[Harmony]*** *"There are a lot of improvement (in communication) among three of us in the family during this half a year…I stopped beating my son, instead, I listen to him more…"* (A mother, U10 2A)
Flow	***[Health]*** *"I have learnt a lot during the healthy diet workshop (intervention)."* (A housewife, U8 3A) ***[Happiness, harmony]*** *"I had a specially happy and warm feeling when I tasted the food made by my children."* (A lady from a low income group, U8 17A)
Savouring	***[Happiness]*** *"After the activity, I have become very happy…happy…because the whole family being together…chatting and greeting…"* (A mentally challenged person, U15 4A) ***[Harmony]*** *"…the most impressive time was when we were making dumplings…when we fed our family members…I have never expected that my family member are so touching…"* (A mentally challenged person, U15 13A)

4.3.1.4 Conclusions

The results from content analyses revealed that the intervention programmes, regardless of the theme applied, were effective in improving family communication. This effectiveness varied from mild, like the awareness of the importance of family communication, to moderate, such as mutual empathy, to the most intense which was a reflection on the parent and child relationship. Comparisons of the intervention outcomes among different themes showed that all themes had positive effects on behaviour changes and FAMILY 3Hs. However, the level of effectiveness of each theme in the case of FAMILY 3Hs could not be differentiated by qualitative analysis, and such comparison could be very different. Moreover, the challenges to family communication that arose in focus group discussions stress a need to mobilize passive family members in future campaigns on FAMILY 3Hs. Given the usefulness of the questionnaire in the intervention, an improved version (with respect to its length and comprehensibility) is recommended in future projects.

4.3.2 Post-intervention social worker focus group interviews

4.3.2.1 Introduction and objectives

Focus group interviews were conducted with the programme implementers (social workers from the participating organizations) after the programme, in an attempt to explore their opinions and experiences. Such information would be useful in evaluating the project and to improve future project design. The specific objectives of the social worker focus groups were as follows:

- To explore the views of the Train-the-trainers programme;
- To examine the overall design and arrangement of the project;
- To examine the effectiveness of the project;
- To explore the barriers or difficulties in implementation.

4.3.2.2 Methods

All participating units (23 in total) were invited to focus group interviews about three months after the first intervention. Two focus group interviews were completed in May 2011. Participation in focus groups was entirely voluntary. Written consent and a questionnaire on demographic characteristics were obtained from all social workers before the interview began. All personal information was kept confidential and for research purposes only.

Focus groups were semi-structured, audio-taped, and lasted for about 60 minutes. The interview guide was divided into four main sessions according to the objectives of the focus groups. Each group was conducted in Cantonese, in a quiet venue arranged by HKCSS. A team of three people run each focus group interview, one moderator and two note-takers. As it was a CBPR project, the working partner, HKCSS, was invited to be actively involved in the focus groups with HKU. Both parties had a representative to chair the focus groups.

Transcripts were analysed by thematic content analysis, following the guidelines recommended by Morse and Field [42]. Each transcript was analysed sentence by sentence and coded for the respondents' meanings. Initial open coding of the data used differing codes, which were then organized into categories. Categories were then integrated into themes within and across groups. Once the categories and themes were identified, the transcripts were reviewed again to validate the thematic analysis and to ensure that all meaningful interview data had been analysed. Data comparisons within and between groups were also conducted. Field notes were reviewed alongside the transcripts during the process.

To ensure the reliability of the qualitative data, several procedures and measures were implemented throughout data analysis. All qualitative interviews were audio-taped and transcribed verbatim in Cantonese in order to capture every nuance of expression unique to the dialect. At least 10% of the transcripts were double-checked with the recordings. Coding was processed by two project team members, one of whom attended the interviews, and the other absent. This special arrangement ensured objectivity during analysis.

4.3.2.3 Results and discussion

4.3.2.3.1 Sample characteristics

A total of 20 social workers, representing 18 participating units, were interviewed. One group had 9 social workers involved and the other 11. Most participating units had one representative in the interview; however, four units had two representatives in a focus group, and one social worker represented two participating units.

The characteristics of social workers in the focus groups (respondents) are shown in Table 4.15. Most respondents were female (60%) and above 25 years old (90%). All had acquired a tertiary education, with 75% holding a bachelor's degree or above. Almost all respondents were registered social workers (95%) and were experienced in the field. Three quarters had worked in social service for more than four years, while up to 55% had done so for ten years or more. Around half had worked in the existing participating units for over four years. Positive psychology was not something new to all social workers in the focus groups. More than half had had some training in the subject before joining the Happy Family Kitchen project, while 55% had integrated and applied the concepts of positive psychology to activities before this project.

Table 4.15 Demographic characteristics of social workers in focus groups (n=20)

Characteristics	No.	(%)
Gender		
Male	8	(40)
Female	12	(60)
Age group		
18-24	2	(10)
25-34	8	(40)
35 or above	10	(50)
Education		
Tertiary (non-degree)	5	(25)
Tertiary (degree or higher)	15	(75)
Registered social worker		
Yes	19	(95)
No	1	(5)
Years of work experience in social service		
Less than 5	5	(25)
5-9	4	(20)
10 or above	11	(55)
Years of work experience in the participating unit		
Less than 5	9	(45)
5-9	2	(10)
10 or above	9	(45)
Training in positive psychology before joining the project		
Yes	12	(60)
No	8	(40)
Had applied the concepts of positive psychology to activities before joining the project		
Yes	11	(55)
No	9	(45)

According to the design of the Happy Family Kitchen project, social workers had different levels of involvement throughout its various stages, including needs assessment, Train-the-trainers programme and running the district-based family programme in their own units. At least half of the social workers in the focus groups joined all activities over the three stages (data not shown). The involvement of the focus group respondents in the project is shown in Table 4.16. 50% respondents attended the focus group interviews at the needs assessment. Almost all respondents were trained by the special Train-the-trainers programme. All the workers were enthusiastic about running the family programme in their own units, particularly about programme planning and implementation. More than three quarters of the respondents indicated their involvement in these two categories.

Table 4.16 Involvement of focus group respondents (social workers) in the Happy Family Kitchen project (n=20)

Activity	No.	(%)
Needs assessment – collecting information before starting the project		
Yes	10	(50)
No	10	(50)
Train-the-trainers – a tailor-made training programme for social workers		
Yes	18	(90)
No	2	(10)
Involvement in the programme[a, b]		
Planning	16	(84.2)
Supervision	7	(36.8)
Implementation	15	(78.9)
Assistance	2	(10.5)

[a] Respondents could choose more than one option in this question
[b] The total number of respondents in each category is 19

4.3.2.3.2 Results from thematic content analysis

The following themes and sub-themes were generated by thematic content analysis, and will be described in detail.

- Theme 1: Attitudes towards Train-the-trainers programme
- Theme 2: Overall design and arrangement of intervention programmes
- Theme 3: Programme effectiveness
- Theme 4: Difficulties in programme implementation

Theme 1: Attitudes towards Train-the-trainers programme

Social workers received a two-day training course (see Chapter 3, Train-the-trainers programme) before conducting the intervention programmes. Social workers in the focus groups generally had positive attitudes towards Train-the-trainers programme, as they thought it was “a very good workshop”, “very valuable”, “very useful” and they had “gained a lot”.

Theme 1.1: Well organized training design consolidated all participating organizations to work on one comprehensive project

The theory/concept of the research design and the goal of the intervention programmes were clearly delivered in Train-the-trainers programme, which enabled social workers from different participating units to work in the same way.

> *"(We) had grasped at least some basic concepts, then we carried out...the programme under this (framework)...a common goal and a common direction, which is very important. If not, ...it would be difficult to bring the focus back together...(The training) did help us, including designing the programme, implementing the programme. We could just design (the programme) with the key points of what we've grasped (at the training), and a solid direction could be found quickly."* (A social service provider, 2-10)

Theme 1.2: Useful practice manual

The usefulness of the Practice Manual in the development of the intervention programmes was much appreciated by the social workers in the focus groups.

> *"(It) is really useful! Because after listening to all (training talks), in fact, (it) just went over my head. When (I try to) recall it, quite possibly only the five names (of the themes) remain, so the training manual is really great!"*
> *["So you often read the training manual, say, when you design the programme?"]*
> *"Yes, yes, (I) read it over and over again."* (A social service provider, 2-6)

Theme 1.3: Experimental learning was a good way to deliver the training

The mode of delivery, i.e. experiential instead of rote/didactic learning, encouraged social workers to involve themselves in the experience directly.

> *"I think the mode is very good, such as role play, something that we may come across."* (A social service provider, 1-15)

> *"(The training) treated us like a participant (the clients of our programme), um, I think it's good (for us) to try (those games)..."* (A social service provider, 2-4)

In spite of the positive attitudes towards Train-the-trainers programme, some social workers in the focus groups considered that it lasted too long, and certain professional elements in it were hard to digest.

Theme 2: Overall design and arrangement of intervention programmes

Social workers' opinions on the intervention programmes they conducted, including its design and arrangement, were talked over in focus group discussions. In general, they considered that it was supported by scientific knowledge/theory, and had been simply and effectively delivered.

Theme 2.1: Positive psychology was applied in the programme in a simple but impressive way

Positive psychology is about scientifically informed perspectives on what makes life worth living. It focuses on aspects of the human condition that lead to happiness, fulfillment and flourishing [43]. In the intervention, participants were given the chance to cook, eat and exercise with their family members. Meanwhile, they discussed their feelings and experiences in the intervention groups. Social workers participating in the focus group considered it a simple and easy approach to delivery under the positive psychology intervention theme, and its effectiveness was obvious.

> *"I think (delivering the theme) through cooking is okay. It's feasible. It was easy to deliver (the message) to them (the participants). Positive Psychology is actually not that complicated. They (the participants) could get (the message) home!"* (A social service provider, 2-5)

> *"(We) could tailor-make the (programme) design according to our working target. I have gained in-depth experience from this (arrangement). It was a very… very simple, but thorough (programme). When I re-thought of my participants, several of them gave me deep feeling, that is, you shouldn't think that they just attended a talk, and wrote down something. In fact, thanks to the package (means 'programme design') which had been well prepared for us, our arrangement is effective, even though we did not put too much effort on it (arrangement)."* (A social service provider, 2-10)

Theme 2.2: Financial support smoothed programme implementation

Financial support from The Hong Kong Jockey Club Charities Trust was highly appreciated by social workers in the focus groups. Successful recruitment was greatly helped by the funding support. Supermarket coupons attracted participants to the first session, and continued in the following intervention and focus groups. Outdoor activities were made possible by sufficient funding.

> *"We had a HK$10,000 (project) fund in implementing this family project, I think it is great. It's not easy for us to get that much money to run a continuous programme; meanwhile there were lots of trivial things. For example, (we) had incentives, like (a bottle of) oil and cash coupons, to encourage participants to come again…Offering such service continuously, (you) really enabled up to fifty families from our unit to join (the activities). It was relatively rare that (project) funding gave such great support to us."* (A social worker 2-9)

Theme 2.3: Reflective learning was effective in the programme

Reflective learning was used in the interventions. Participants were required to "do homework", such as keeping a "gratitude diary", and bringing it back to the booster section. This strategy was different from social workers' previous experience, and those in the focus groups were surprised to find that the tasks did work, in the form of reminding participants to thank their family. Also, positive feedback from the "homework" greatly motivated and encouraged social workers conducting the programme.

> *"...I did not really believe my (group of) participants could complete some tasks before...In the end, we insisted on doing the gratitude diary, because...I wanted to test whether it works...The participants really wrote something inside (the diary), like the moment when they thanked their family members, and it was visually presented too. When (we) chatted with them (at the booster session), (they shared that) they really read it when they have spare time...It suddenly made me reflect (that)…maybe we get used to our practice, and keep it easy and simple, the goal of 'happiness' can be achievable..."* (A social service provider, 2-8)

> *"Some participants would bring back the homework, and then shared...It proved, um, this implementation, in fact, (it) showed that what we've done, they (the participants) can actually get (the message)..."* (A social service provider, 2-11)

Theme 3: Programme effectiveness

Programme outcomes, both immediate and long-term, and for both participants and social workers, were evaluated in the focus groups.

Theme 3.1: Participants enjoyed the community programme

Most of the social workers believed that participants had a happy time with their families during the programme. The words "they were very happy in the programme" were frequently used by social workers in both focus groups.

> *"I found that in each programme, participants were very happy…Parents were in fact enjoying very much."* (A social service provider, 2-4)

Theme 3.2: Participants' awareness of the importance of family communication was enhanced

During the booster and focus group sessions, social workers found that the programme had had positive effects on participants' family communication. A social service provider in focus group 2 said,

> *"During the reunion (booster session), some (participants) would bring the homework back. Then they talked about, um, I helped mum doing so and so, the kid would tell me, oh, I would also help doing housework. Through the (programme) implementation, actually, we could find that what we were working had been received by them (the participants). (We) can really make it…"* (A social service provider, 2-11)

Participants became more aware of the importance of family communication.

> *"At least (the programme) can raise their (the participants') awareness (of family communication)."* (A social service provider, 2-6)

A practical improvement in communication within the intervention family was observed by social workers.

> *"(We) really find that the kids have changed, as well as the parents. We've had a group of fans, but when they came (to the centre), they would talk to themselves: '(We're) really happier! (There's) really a difference in the family relationship, the son doesn't give much backchat (compared as before)…'"* (A social service provider, 1-18)

> *"At least the son or the daughter would often be appreciated. The mother had also learnt from us how to show appreciation to their kids. Some kids would also compliment their parents who have worked hard for them in return."* (A social service provider, 1-18)

Theme 3.3: A good example for social workers in conducting further programmes

The intervention was beneficial not only to participants but also to those who conducted it, the social workers. "I have gained a lot from the programme" was a common view among social workers in focus groups. The design and implementation of the intervention were considered to form a good guide for further projects in the community.

> *"I did gain a lot! I had learnt this research method!"* (A social service provider, 2-6)

> *"Second, (the programme) also offered them (the programme participants) an opportunity to practice (what they had learnt) on their own (when they returned home after the programme). Therefore, I think the greatest advantage of this (programme) is that (when) you really provide such kind of service in the community in the future, (the programme) has well prepared a good foundation for me. (I) don't need to think much. (The existing programme) has been in-depth."* (A social service provider, 2-10)

Theme 4: Difficulties in programme implementation

Challenges during programme implementation were discussed among social workers. Difficulties in subject recruitment and completing questionnaires were the most common problems.

Theme 4.1: Difficulties in subject recruitment

Social workers found it hard to recruit participants within a short period. Since there was some competition among participating units, double enrolments did occur.

> *"Looking for one thousand families from hundreds of thousands of people, in fact, was not (an) easy (task). You required (us to do the recruitment) in such a short period of time; all of us recruited (participants) at the same time. It was really terrible! (The recruitment) was harder than competing (for buns) at the Bun Mountain!"* (A social service provider, 1-18)

> *"...perhaps (mine) was really the final project (programme), ran in the entire district...I found a situation that most (potential) participants had joined (the programme of Happy Family Kitchen) already...Meanwhile, I kept screening a group of participants (who had joined the programme in other participating units)...I really found it extremely difficult (to recruit participants)!"* (A social service provider, 2-8)

Theme 4.2: Difficulties in completing questionnaires

Various challenges relating to completing questionnaires were highlighted in the focus group discussions. The concerns included the literacy of the participants and the length of the questionnaires.

> *"(I) planned (to finish all questionnaires) within half an hour; finally (we) spent a total of an hour: The small kids didn't understand what you were talking about... Some parents in our centre have not lived in Hong Kong for a long time. Though they aren't new immigrants, their education level isn't high... The questionnaire is as long as your arm, (I understood) it's a usual practice (in research). When we practiced in reality, it was really hard. (It) doesn't work!... I wonder if we need to make a balance (between research and activity)."* (A social service provider, 1-16)

> *"...they might not really understand why (they) needed to fill in so much, no matter how many times you explained beforehand..."* (A social service provider, 2-4)

4.3.2.4 Conclusions

The results from thematic content analysis indicated that the Happy Family Kitchen project was generally effective in improving family communication. Barriers to implementation were mainly created by the limitations of the project's timeline, as well as the gap between research requirements and actual practice. Further communication and compromise should be considered between the research unit (HKU) and the participating service organizations (HKCSS, all participating units and social workers at the frontline) to improve the quality of future projects.

4.3.3 In-depth interviews with community stakeholders

4.3.3.1 Introduction and objectives

Individual interviews were arranged for community stakeholders in the final stage of the project to seek comments and suggestions on project improvement at the macro level. The detailed objectives were as follows:

- To capture the social impact of the Happy Family Kitchen project;
- To collect comments for future improvement;
- To explore possible resources and support from the community.

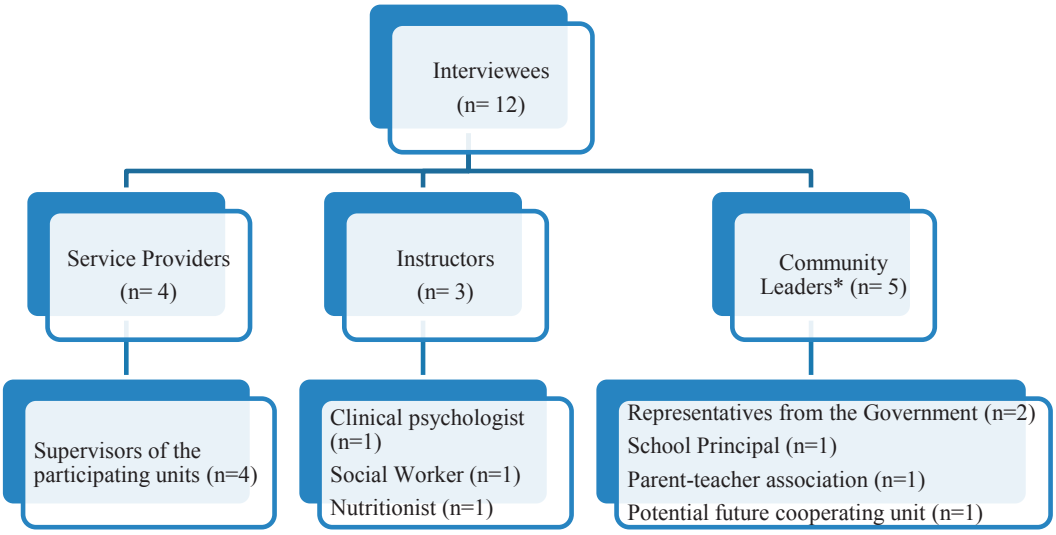
4.3.3.2 Methods

A wide range of community stakeholders were selected for individual in-depth interviews, participation in which was entirely voluntary. Written consent and a questionnaire on demographic characteristics were obtained beforehand. Each individual face-to-face interview was conducted by one interviewer and one supporting member of staff, both from HKU. Each interview was conducted in Cantonese, lasted for about 60 minutes, was assisted by an interview guide, and held in a quiet venue arranged by the interviewee. The whole interview was audio-taped, and all recordings transcribed verbatim into Cantonese. All information collected was kept confidential and used for research purposes only.

4.3.3.3 Results

A total of 12 community stakeholders were interviewed during late June to mid-August 2011. As shown in Figure 4.7, the interviewees could be grouped into three main categories: social service providers (n=4), instructors (n=3) and community leaders (n=5). Service providers were usually the supervisors of the participating units. In comparison with the other two categories of interviewees, service providers were likely to have more in-depth understanding of the overall project, including its difficulties. Instructors were the trainers of the Train-the-trainers programme, among them a clinical psychologist, a social worker and a nutritionist. These were invited by the HKCSS, and were responsible for the design of the two-day training programme on positive psychology and nutrition, etc. for the social workers. Community leaders were various important and influential parties that had either participated in the project indirectly or had not been involved in it at all in Yuen Long. This group included representatives from the Government, a school principal, a member of a parent-teacher association and potential future cooperating unit.

Figure 4.7 Categories of interviewees for in-depth interviews, classified by their roles in the project



* Included those who had either participated in the project indirectly (n=3) or had not been involved in it at all in Yuen Long (n=2)

4.3.3.3.1 Happy Family Kitchen was an innovative trial in the field of social service

This was an empirical evidence-based study that united 23 social service units in a community to work on one project through intervention activities – the key characteristic of the project. Interviewees, regardless of whether they were social service providers, instructors or community leaders, found that the idea was "innovative", and had an overall positive impression. A service provider frankly commented:

> *"…(there were units from) family, rehabilitation, children and youth, elderly…a crossover (in service natures), and implemented (the programme) together…it's worth to carry out…we have never tried (this) before…"* (A social service provider, C8)

(1) Social service units working on one theme in a project could stimulate a macro effect

Interviewees highlighted the fact that a group of social service units working on the same theme could promote the project in the community, and allow the project to achieve more comprehensive findings that could be generalized. One interviewee described the effect explicitly,

> *"…twenty-three units helped (implementing the programme), then (the participating units) would become diversified…because you involve different (service targets), though only in Yuen Long district, the scope included various areas, which allowed different fields (of social services) to test, I think such kind of practice for testing the effectiveness of a programme is an ideal…"* (A social service provider, C1)

Even though some community stakeholders were not familiar with the project in detail, they supported the idea of the 23 units cooperating to run it.

(2) An evidence-based project involves some arduous learning, but is very helpful to the development of social services

Most interviewees agreed with the idea of an evidence-based project. When they were asked if they supported such projects, *"support"* and *"definitely"* were always the most common responses. It was explained that evidence-based projects could provide evidence for social workers to prove the effectiveness of their programmes objectively. Service providers were also aware that evidence-based programmes *"would be the trend"*. A community stakeholder even asserted, *"only (with the help of) evidence-based…can we influence the policy development…"* (A community leader, C6)

However, even with a clear and detailed division of work in an evidence-based project, some interviewees, mostly the group of social service providers, raised the concern about the additional heavy workload resulted from the requirement to remain evidence-based.

> *"…Frankly speaking, it really takes time to explain to the neighbours that why (we) need to do that (filling in so many questionnaires); meanwhile (we) need our colleagues to understand that (evidence-based programme) is not easy, that is, why do we need to (work) like this…since everyone would think that is extra (workload)!"* (A social service provider, C2)

Education about evidence-based projects presents a great challenge, and more negotiation and some compromise on the balance between service and research is needed.

(3) Testing the feasibility and effectiveness of a programme with fewer sessions

Testing the feasibility and effectiveness of such a short programme was another highlight of this project. Through the design of Happy Family Kitchen, participants mainly learnt the FAMILY Health, Happiness and Harmony by means of one or two interventions and one booster session. Many interviewees were skeptical about the project's effectiveness and sustainability of the effects. They believed that it took a long time to make people change their minds and behaviours.

> *"…can we really change their (participants') mind within four hours, or in a full day session?"* (An instructor, C11)

> *"…for the issue of sustainability…(family) happiness, health, harmony are not easy to achieve… then you have only one (intervention), I don't think there is…is a long term…that is, a relative long term effect."* (A community stakeholder, C9)

However, one interviewee also recognized the limitations of a programme consisting of more intensive sessions, such as limited resources and the commitment of the participants. Her contradictory feelings towards the appropriate programme design are clear,

> *"…not much confidence (to one intervention and one booster design)…therefore I anticipate to see if this project works…(there is) really in lack of resources…sometimes we organized activities… (we) also wish to organize, say, 7 sessions…but the problem is none of the participants would have such strong commitment for 7 sessions…so (sigh)…(we) have to cut…(however) I find that 1+1 (one intervention and one booster) is really difficult!...therefore, perhaps we really need to examine the research findings…if (we) find that there is limitation…which we couldn't prove (the effectiveness), then we may need to increase (the number of sessions)…I'm curious to see the result (research findings)…Is that good? If it works, then it means 1+1 programme could be further promoted."* (An instructor, C12)

Happy Family Kitchen not only raises the concern of testing the feasibility of a reduced programme, but also offers capacity building for programme design and evaluation.

(4) Family cooking is a welcome topic for programme participants

Most interviewees pointed out that the kitchen, which implied family cooking and eating, was a good topic for the promotion of FAMILY Health, Happiness and Harmony. It is easy to handle because cooking and eating are close to people's lives, and familiar to everyone. One interviewee illustrated how the idea works,

> *"…it's pretty easy to integrate cooking into family, that is, everyone cooks together, share together…can enhance family relationship, increase the communication between parents and children."* (A social service provider, C3)

Another community stakeholder also agreed that the Happy Family Kitchen topic could *"encourage family members to dine together"* (A community leader, C4). The idea of being together could be specifically spelt out in the theme.

However, while there were many interviewees supporting the topic of cooking, some maintained that the difficulties of low-income people in the Yuen Long community should also be taken into account. For instance,

> *"Of course I felt only cooking is not good enough, because some families may not be good at cooking…(asserting cooking in the programme) may undermine their self-confidence…"* (A community leader, C7)

> *"[Could Happy Family Kitchen fulfill the needs (in the community)?] The most difficult issue is that everyone has too long working hours, including lengthy transportation, therefore (if) you suggest (them) cooking (everyday), in fact, it is a rather luxury to them…Because it's the struggle among the grass roots…to buy a lunchbox, satisfy the physical need of eating, and that's it…this is the reality, that is, this is the issue this community specifically has to tackle…"* (A social service provider, C2)

4.3.3.3.2 Promotion could be further improved

The promotion of the project involved internal promotion and external publicity. The former would mainly focus on how the project was to attract attention among social service units, while the latter would be related to raising the public's interest.

(1) The scope of internal promotion could be enhanced by community support

With the assistance of the HKCSS, sending email and personal contact were the key methods of announcing the Happy Family Kitchen to social service units. However, the feedback on the email invitation revealed that it was definitely not effective at all. An interviewee honestly commented,

> *"…in fact, I missed (the email), because she (the HKCSS) seemed to send the email to the headquarters, (I)'ve forgotten if the email was resent to me. Because you know, (we) receive many emails every day…be honest, you sent (us) email…how can (we) read so many emails? (We) would delete it quickly! You ask me if I could receive, (I) would say, it seemed that I've received, but (I) can't find it!"* (A social service provider, C3)

Another interviewee also told how she had received an email about Happy Family Kitchen, but there was not much project detail and, without a further update, she did not join the programme. The above examples indicate a crucial factor in recruiting social workers for this programme – direct personal invitation is needed.

With the aim of reaching more social service units, and facilitating the recruitment of various types of programme participants, many interviewees mentioned the social community support network, such as the District Office and schools. One community stakeholder described possible forms of cooperation in detail. While social service units were familiar with programme implementation, other entities in the community could take part in supporting roles, giving advices and referring participants. The contribution of community parties relied on the fact that they knew the community very well, and could reach residents who were not active in the social service units. This suggestion reminds us that the range of participants should not be limited to members of the participating social service units alone, and that other groups, *"people from other strata of society should not be overlooked"* (A community stakeholder, C7). Making use of social support in the community is essential to the project, especially to reach and recruit more people.

(2) Publicity efforts were appreciated, but further external publicity could be done

Arousing the general public's interest is an important goal of external publicity. The publicity for this project could be classified into two categories, active and passive approaches, both appreciated by interviewees.

The active approach was more interactive in nature, allowing people in the community to feel and respond to the project directly via various activities, such as the launching ceremony. The effect is further illustrated below,

> *"…the most important is…is down to earth, (the effect on promotion) was widespread...That's not to say we had fifty families, only these fifty families knew about that…that is, we also had (some) mass programmes (large-scale programme in the community) for them (families in the community) to participate in…"* (A social service provider, C8)

The passive approach was relatively one-sided, with the general public mainly receiving project information through reading and listening to the materials. It involved programme banners, posters, newspaper articles, roadshows, radio airtime for interviews, as well as the project website and newsletters. Interviewees advised that some areas, such as advertising at MTR stations, on local/community newspapers or shuttle buses, and using Facebook, could be further explored.

To facilitate information dissemination to the general public and prolong the programme's effects among participating families, in addition to publicity materials that were used during the programme, a cookbook was published at the end of the project. Each participating family received a copy, with the remainder distributed to the community through various social service units. The cookbook contained highlights of and comments on the programme, together with recipes and cooking tips, and interviewees generally viewed it positively.

> *"…(the cookbook) is very attractive…very practical…(the cookbook includes some sharing of the celebrities) in fact, celebrity has an effect…I also would like to have a look…(I am curious about) what they (the celebrities) would cook to eat…"* (An instructor, C12)

> *"…I think this (the cookbook) is good…when he/she (the programme participant) read (the cookbook), (includes) their own sharing, then his/her happiness, in fact can also influence their friends, this is also what we talk about communication…(we) also depend on them, disseminate (information and knowledge in the community)…"* (A community stakeholder, C5)

While interviewees agreed that the cookbook could further deepen information about FAMILY 3Hs and help promotion, one also had a good suggestion for further improving it,

> *"…perhaps, (we) haven't considered…is…if (the recipes in the cookbook) were common family dishes?…(we) emphasised on the design…then (we) tended to make them (the dishes) beautiful… but when (we) rethink (about that)…family may not always cook (those dishes)…the complicated (dishes)…may need to wait until a very special day…(the family) may not really take (the cookbook) for reference every day…"* (An instructor, C12)

Some recipes or cooking tips for popular family dishes could be incorporated.

4.3.3.3.3 Future prospects

The value of the project was assured during the interviews, where all agreed it was worth continuing. The project not only helped families and individuals in the community, but also had strong implications for family policy development. In order to organize better projects in the future, further advice was solicited and collected from the interviewees.

(1) Better communication among working partners, not only between the HKCSS and the HKU, but also the instructors of the Train-the-trainers programme

The roles of the HKCSS and the HKU were explored in the interviews. Interviewees generally identified the HKCSS as the agency mainly responsible for communication among the social service units, with HKU dealing with the research side. However, an important party in the project, the instructors of the Train-the-trainers programme, found that there were some limitations to recent practice. They were confused about their roles with the HKCSS and HKU, and found it difficult to communicate with each other.

> *"…the research objectives…between the HKCSS and us (United Christian Nethersole Community Health Service, i.e., UCN) was not that clear…because she (the HKCSS) may just be the middle person between two trainers (the HKU and UCN)…if the HKU approached the trainer (UCN) directly, perhaps, we would have better understanding…what are your objectives, what do you want to achieve…how to train…then the process (of Train-the-trainers) would be smoother…"* (An instructor, C12)

> *"Perhaps, at the beginning, we were not clear about…the HKCSS was the middle person…then you (the HKCSS and the HKU) had had meetings, but we joined the meetings at almost the last minute… if (we) could communicate (with each other) earlier, everything would be smoother!"* (An instructor, C10)

Further enhancement of communication among working partners is clearly needed. Earlier communication among the three parties would bring better cooperation, as they would have more time to discuss and work out the training programme that was most suitable for the project. Meanwhile, the instructors of the Train-the-trainers programme could also offer more input, such as assisting the design of various evaluation instruments, participating in process evaluation and even playing the role of service providers as necessary.

(2) The supporting network is an area to be further explored

A community leader (C6) encouraged and commented, *"Don't waste, don't waste (the research findings), this project could affect policy making…"* It was suggested that the ultimate goal of the project should be making fundamental change through influencing family policy, and that networking various organizations was an important step.

Interviewees gave fruitful advice on social networking. Many mentioned the role of the District Office, and some also recommended potential cooperation with the Family Council, because those organizations have better social networks as well as deeper resources. The interviewees believed that obtaining support from government offices could help the project to extend across the whole territory.

Apart from government support, exploring partnerships with private enterprises was also recommended by interviewees. Limited budgets and resources are always key concerns among service providers, and sponsorship from private enterprises could be a possible solution. For instance, as a community stakeholder mentioned,

> *"Towngas could be one of the stakeholders…she could provide stoves for all participating units… facilitates you to implement happy kitchen."* (A community stakeholder, C2)

Engaging sponsors from appropriate private enterprises could offer support and backup to the project as a whole.

4.3.3.4 Discussion

"Happy Family Kitchen" was an innovative project in the field of social service. While it began with a common and welcome topic, family cooking, a cluster of social service units working on one intervention theme, evidence-based and evidence-generating assessments and a programme with fewer sessions were all experiences new to the social service units. The implications of such a programme design are important. It was agreed that the cooking topic was appropriate, and that a united programme approach might also stimulate the community. However, worries over an evidence-based project and doubts about a short programme were discussed. Obviously, a test of feasibility was only the first step in this project, and a process of education and promotion of such an innovative Community-based Participatory Research (CBPR) design is the great challenge ahead.

Promotion not only increases the project popularity, but also plays an important role in disseminating information and knowledge. During the interviews, both internal promotion and external publicity were reviewed, and it was suggested that promotion could be further improved. While community support was needed to help attract attention among the social service units, other useful means for publicity in the community were suggested to increase public interest and recruitment.

Interviewees had high expectations of the FAMILY Project. In addition to its contributions at an individual or family level, an extension of its influence to the policy level – ultimately based on evidence from scientific research findings – was suggested. Better communication among working partners and exploring the supporting social network would be beneficial to the implementation of future projects.

CHAPTER 5

STAGE 3 – CONSOLIDATION

5.1 PRACTICE WISDOM FORUM

5.1.1 Introduction and objectives

As the finale of the Happy Family Kitchen project, the Practice Wisdom Forum was organized to disseminate the preliminary findings of the project to stakeholders, social workers and other professionals as well as the public. The forum also aimed to exchange experiences of conducting the project in promoting family communication and 3Hs, and initiated discussions among stakeholders, professionals and social service organizations with the aim that the community-based participatory research approach and the project could be sustained and popularised in other districts in Hong Kong.

5.1.2 Procedures of the practice wisdom forum

The Practice Wisdom Forum was held on July 7, 2011 in the auditorium of the Duke of Windsor Social Service Building in Wan Chai. An exhibition with posters, photo materials, homework by participants highlighting or summarising the project of each of the participating organizations was conducted before the forum started. Participating organizations of different service settings shared their valuable experiences in conducting the community programmes within the exhibition. Mr. Matthew Cheung Kin Chung, GBS, JP, Secretary for Labour and Welfare, was invited and visited the exhibition and officiated the forum. A video summarising the whole project was shown in the forum as an introduction. The pilot model and outcomes of the project in promoting positive family communication were then presented, followed by a panel discussion, where representatives from five service units with different service targets discussed the strengths, limitations and barriers to programme implementation and offered their views on various aspects of the programmes. Practice manuals containing detailed training materials, practical tips and evaluation models for community programmes were distributed to all those present at the forum and to others later.

Participants were asked to complete a two-page questionnaire at the end of the forum, which was used to evaluate its overall usefulness. In addition, participants' satisfaction, changes in their knowledge of positive psychology and evidence-based practice, as well as intention to apply positive psychology in future programmes were assessed.

5.1.3 Results of the questionnaire assessment

In total, 145 people attended the forum and 62 questionnaires were collected. 64.5% of the respondents were female, 74.2% were aged 18-44, 66.1% had tertiary or higher education and 85.0% were social workers. Half had been engaged in social service for 10-19 years (48.4%), and about 36% had been working in their organizations for 10-19 years.

5.1.3.1 Evaluation of forum usefulness

About 80-90% of the respondents were satisfied with the forum's quality, level of applicability, venue arrangement and overall utility. Respondents were asked to rate how they liked the forum, within a score ranging from 0-10, where 0 meant "dislike it very much" and 10 "like it very much". The average score was 7.43 (Table 5.1).

Table 5.1 Forum usefulness

Evaluation of forum (n=62)	Negative N (%)	Neutral N (%)	Positive N (%)
Objective evaluation			
Forum quality in general (n=60) [a]	0 (0)	2 (3.3)	58 (96.6)
Level of applicability of the forum [b]	1 (1.6)	9 (14.5)	52 (83.9)
Venue arrangements [c]	1 (1.6)	7 (11.3)	54 (87.1)
Time arrangements [c]	3 (4.8)	14 (22.6)	45 (72.6)
Overall satisfaction (n=61) [c]	1 (1.6)	5 (8.2)	55 (90.2)
Subject Evaluation		**Average Score (SD)**	
How do you like this forum? (n=56)			
Based on a 0-10 score, 0=dislike it very much, 10=like it very much		7.43 (1.02)	

[a]: Neutral represents "average"; Positive represents "good", "very good" and "excellent"
[b]: Negative represents "very inapplicable" and "somewhat inapplicable"; Positive represents "very applicable" and "somewhat applicable"
[c]: Negative represents "very unsatisfactory" and "somewhat unsatisfactory"; Positive represents "very satisfactory" and "somewhat satisfactory"

5.1.3.2 Knowledge of positive psychology and evidence-based practice

Participants were also asked to evaluate the ability of the forum to further the concepts of positive psychology and evidence-based practice. As shown in Table 5.2, regarding the use of positive psychology in programme planning and design, over 90% of the respondents selected "positive"; and 60-70% also considered the use of evidence-based practice in programme design to be "positive". Nevertheless, 20-30% of the respondents selected the option "neutral", indicating that they were still uncertain about implementing the concept of evidence-based practice in their future programme design.

Table 5.2 Performance of the forum in furthering the concepts of positive psychology and evidence-based practice

Evaluation of forum's performance (n=62)	Negative* frequency (%)	Neutral* frequency (%)	Positive* frequency (%)
Positive psychology			
Positive psychology can provide direction to programme planning	0 (0)	4 (6.5)	58 (93.5)
I will attempt to use the concept of positive psychology in programme design when necessary	0 (0)	4 (6.5)	58 (93.5)
I will attempt to use the concept of positive psychology in future programme design	0 (0)	5 (8.1)	57 (91.9)
I know how to bring out the concept of positive psychology in programme design	1 (1.6)	9 (14.5)	52 (83.8)
Positive psychology is a worthwhile practice	0 (0)	2 (3.2)	60 (96.8)
Positive psychology is an ideal guide to family health, happiness and harmony (n=61)	0 (0)	4 (6.6)	57 (93.4)
Evidence-based practice			
I will attempt to use the concept of evidence-based practice in programme design when necessary	1 (1.6)	18 (29.0)	43 (69.4)
I will attempt to use the concept of evidence-based practice in future programme design	1 (1.6)	21 (33.9)	40 (64.6)
Evidence-based practice is worthwhile	1 (1.6)	13 (21.0)	48 (77.4)

*Negative represents "strongly disagree" and "somewhat disagree" (unless specified)
Positive represents "strongly agree" and "somewhat agree" (unless specified)

5.1.3.3 Participants' intention to implement positive psychology principles in future

60% of participants intended to implement positive psychology principles in their programmes over the next six months. However, 36.7% were still uncertain, and the remaining 3.3% did not intend to apply them at all.

5.1.4 Support from Mr. Matthew Cheung Kin Chung

The officiating guest – Mr. Matthew Cheung Kin Chung, GBS, JP, Secretary for Labour and Welfare, showed his great support to the whole project. Within his presentation, appreciations and comments were shown as follows:

(1) The project was meaningful

Mr. Cheung thought the project was innovative and worthy for further promotion. He appreciated the idea of using family as a unit to develop prevention programmes.

> *"…This project is very innovative. If it succeeds, it should be further promoted to other districts in Hong Kong and it's very meaningful..."*

> *"…This project intervenes from the beginning. If the family relationship is good, the family will be harmonious. It can prevent many family problems from emerging, even if the problems exist, the solution would be much simpler…"*

> *"…So I think this project is not only staying in a kitchen, not only improving the family communication but a first and important step for development of a harmonious community…"*

(2) Ways to enhance communication

He agreed that using cooking and dining is a good way to enhance family communication. He also suggested to further promote the five themes.

> *"...Now we use delicious food as a soft skill to generate a harmonious emotion and the food becomes a tool to improve family communication..."*

> *"...We should appreciate more, especially the youth and elderly. Communication can be improved by more appreciation..."*

(3) Supported evidence-based practice

He also recognized the importance of implementing evidence-based practice into excising service programmes.

> *"...The academic support from The University of Hong Kong provides the evidence to the project..."*

5.1.5 Discussion

One of the purposes of the wisdom forum was for stakeholders and professionals to share their knowledge and experiences of applying positive psychology and evidence-based practice to community-based programmes through active discussion. As shown above, the overall feedback was good, but some areas needed improvement. First, some respondents reported that they were still not sure how to bring out the concepts of positive psychology in programme design after attending the forum. This might be due to one-fifth of them having no previous experience of positive psychology training, since it would be difficult for participants without prior knowledge to grasp the concepts being discussed at a short forum. Second, respondents also reported that they were uncertain about implementing evidence-based practice in future programme design, which was not popular among social service units, as it was perceived by social workers as time-consuming [44]. But the best way to understand the concept of evidence-based practice as well as positive psychology is through experiential learning, which allows trainees to acquire and further develop their skills through experience [45].

Though only 4.8% of respondents were dissatisfied with the forum's time arrangements, this was the area with the highest proportion of negative feedback over the entire evaluation. Respondents suggested that the programme should start on time as there was a lot of content to be covered.

Most respondents (93.3%) reported they would recommend the Happy Family Kitchen project to their colleagues or working partners. Two commented that the project was very interesting and found the project's participants happy and content after the programmes. They suggested promoting the project to different districts in Hong Kong to benefit more families.

The project was also welcomed by the community stakeholders. The officiating guest – Mr. Matthew Cheung Kin Chung, GBS, JP, agreed with the project impact and showed his support in further project promotion and expansion.

5.1.6 Conclusions

The forum was successfully organized and the participants were generally satisfied with its outcome. The forum successfully disseminated the preliminary findings of the Happy Family Kitchen project in Yuen Long to the target audiences, as well as providing valuable recommendations for future planning and dissemination. The forum also acted successfully as a learning platform for service workers and professionals to share their knowledge and experiences of applying positive psychology and evidence-based practice to community-wide programmes through active discussion.

5.2 PROMOTION AND PUBLICITY

5.2.1 Promotional materials

Several types of promotional materials were published to publicize the Happy Family Kitchen project to a wider public. These included 4,200 leaflets, 23 banners, a 45-second video advertisement and a project website. The advertisement was produced and broadcast at "RoadShow" from May 18 to 31, 2011, and on a medical TV channel under Alfax Media from June 20, 2011 for three months (Table 5.3). The video was also uploaded to YouTube (http://www.youtube.com/watch?v=CazYF2Shy8E) and further promoted through Facebook. By the end of November 2011, YouTube had recorded 1,232 viewings of the advertisement.

Table 5.3 Details of the video advertisement

Broadcast channel	Period	Number of times played
RoadShow	May 18 to 31, 2011 (14 days)	At least 268,800 (at least 12 times per day on 1,600 buses)
Alfax Media Clinic TV Channel	June 20 to September 19, 2011 (3 months)	At least 345,920 (2 times per hour on 235 spots)
Online	From May 15, 2011 (till the end of Nov 2011)	1,232
	Total	615,952

HKCSS promoted the project to the social service sector through its newsletters – two issues of "Scenario" (《社情》) and one issue of《寫情寫理》. Four issues of the Family and Community Service e-newsletter also highlighted the project.

5.2.2 Happy family cookbook

5.2.2.1 Introduction

A "Happy Family Cookbook" was developed and distributed to participants and the public during the project. It included 22 healthy recipes, and also some practical tips for readers to improve their family communication and 3Hs. The cookbook was a 61-page, colour-printed publication, edited by the HKCSS and published by The Hong Kong Jockey Club Charities Trust, with the consultation of the United Christian Nethersole Community Health Service. It aimed to promote positive behavioural changes among readers who wished to improve their FAMILY 3Hs. By using family dining as a platform, the five principles of positive psychology to improve communication were introduced in the cookbook. The content was rich – apart from healthy recipes produced by professional dieticians and famous persons, there was also discussion about experience of family communication by celebrities, as well as by participants in the project itself. Tips for facilitating positive family communication and for making healthy food choices were also included. The cookbook was officially released on May 15, 2011 and was very popular. By November 30, 2011, a total of 16,859 copies had been distributed to the public through various channels. Details of the distribution are shown in Table 5.4.

Table 5.4 Distribution of the Happy Family Cookbook

Target	Distribution channels	Number of copies
Yuen Long residents	23 participating service units	3,400
Yuen Long residents	13 District Council members' offices	1,300
General public	Newspaper and magazine coupons	2,260
Integrated Family Service Centres (IFSC) clients	14 IFSC	860
Medical sector/academic/HKU students/social service units	HKU	500
HKJC	HKJC	500
Social service units/working partners	HKCSS	228
Government departments/District Council/Family Council	HKCSS	147
Practice Wisdom Forum participants	HKCSS	145
In stock, spare copies	HKCSS	660
FAMILY Project household survey respondents	HKU	6,859
Total		16,859

5.2.2.2 Evaluation of cookbook's effect

A brief, one-page questionnaire was developed to evaluate the effect of the cookbook on readers' behavioural change, and to collect valuable comments and feedbacks from readers that related to the book's dissemination, content, etc. The questionnaire was printed on the last page of the book, and readers were invited to fill it in and mail it to the FAMILY Project team in a pre-paid envelope. Alternatively, readers could fill in an online questionnaire at FAMILY Project website. As an incentive, a HK$10 cash coupon was sent to each respondent who returned the questionnaire by August 31, 2011. In total, 328 valid questionnaires were collected, of which 323 by mail and five via the online system. Because there was no previous information about response rate/number, we could not assess whether our response rate was good or not, except that the online response was poor.

5.2.2.3 Results of the evaluation

80% respondents were female, mostly aged 25-64 (72.6%), with 64.9% married, 80% with secondary education or above and 35.4% employed. Over three quarters obtained the cookbook through newspaper or magazine promotions with coupons (40.4%), The Hong Kong Jockey Club (21.6%) or social welfare organizations (13.5%), and only 1.9% obtaining it from the District Councillor Office. Of all the reasons for acquiring the cookbook, the three main motives were that it was "free of charge" (51.5%), "contained attractive content" (51.2%) and "helped to improve family communication" (49.4%).

5.2.2.3.1 Readers' feedback on achieving key purposes

It was hoped that the four aims would be achieved by dissemination of the cookbook: 1) informing readers of food or dishes that can promote family happiness and health; 2) inspiring readers to improve family relationships through cooking or having meals together; 3) encouraging readers to pay attention to family communication; and 4) leading readers to understand the five principles of positive psychology to improve communication, and how to apply them to enhancing family communication. Respondents were asked to rate the extent to which they thought these aims were achieved, on a scale of 1 to 10, where 1 meant "not at all achieved" and 10 meant "very much achieved". The result showed that the mean scores ranged from 7.45 to 7.80 (Table 5.5), indicating that all the key aims of the cookbook were mostly achieved.

Table 5.5 Success of the cookbook in meeting key objectives

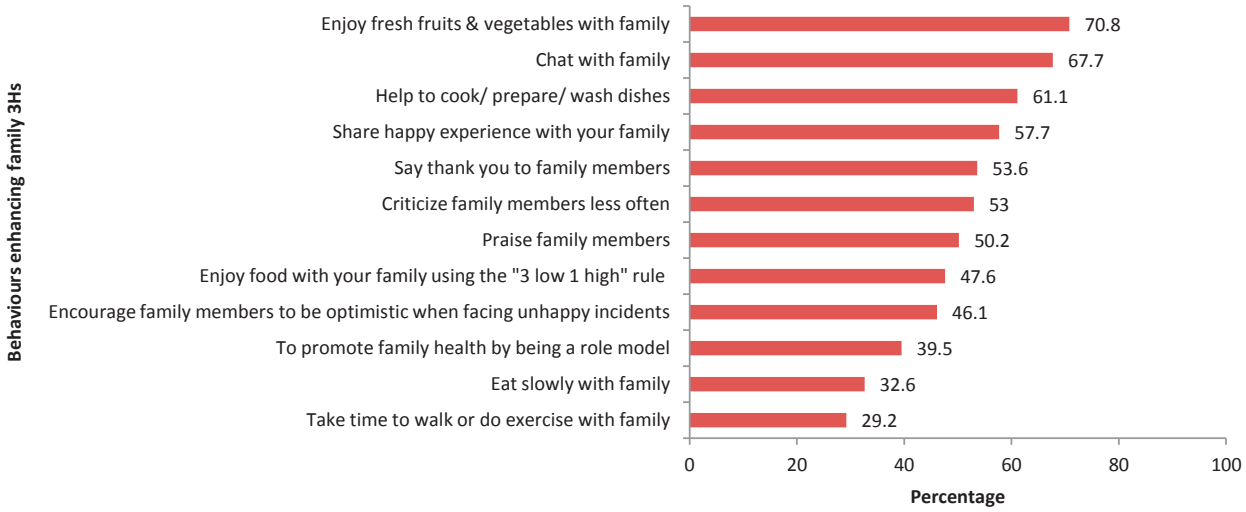
Key objectives	Mean (SD)	Mean rank*
1. Know about food or dishes that can promote family happiness and health (n=320)	7.80 (1.99)	2.25
2. Inspire readers to improve family relationships through cooking or having meals together (n=318)	7.56 (2.00)	2.52
3. Inspire readers to pay attention to family communication (n=319)	7.52 (1.93)	2.43
4. Understand the five principles of positive psychology to improve communication, and apply them to enhancing family communication (n=314)	7.45 (1.93)	2.80

*range: 1 to 4, where 1 means "the most interested" and 4 means "the least interested"

5.2.2.3.2 Respondents' actions on improving FAMILY 3Hs

Respondents' actions on improving FAMILY 3Hs within the previous 3 months were also investigated. "Enjoying fresh fruit and vegetables with family" was the most frequent behaviour (70.8%), followed by "chatting with family" (67.7%) and "helping to cook/prepare/wash dishes" (61.1%). The three most infrequent actions were "taking time to walk or do exercise with family" (29.2%), "eating slowly with family" (32.6%) and "promoting family health by being a role model" (39.5%) (Figure 5.1).

Figure 5.1 Respondents' actions on improving FAMILY 3Hs within previous 3 months (n=319)



5.2.2.3.3 Willingness to apply the cookbook's suggestions, and to pass knowledge on

About 97% of respondents indicated that they would apply the cookbook's suggestions to their daily lives. They rated its helpfulness by a mean score of 7.57 out of 10, and as a form of knowledge transfer, said that they would introduce the cookbook primarily to relatives and friends (81.3%), followed by family members (62.2%) and work colleagues (23.8%).

5.2.2.4 Discussion

This cookbook was not only related to healthy cooking, but also served as a dissemination tool of the Happy Family Kitchen project to the public at large. In general, the four key purposes of the cookbook were achieved, and over 95% of the respondents said they would apply the knowledge learnt from it to their daily lives. However, improvements in the distribution, content and the design of the book should be considered.

Different ways were used in distributing the cookbook to the target population. The results showed that a majority of respondents obtained their book through a newspaper or magazine, with an incentive coupon, suggesting that promotion of this sort was an effective strategy for distribution. This should be applied in the future. Nevertheless, a few respondents suggested that more distribution venues were needed. The coupons were only produced in selected newspapers and magazines. Some respondents said that they had to redeem them at the HKCSS in Wan Chai, which was inconvenient for them. An alternative solution suggested by one of the respondents was to make use of the web. Some readers considered the number of recipes in the book was insufficient, and recommended that more should be added. They also suggested that future editions could contain a variety of recipes, tailor-made for specific target groups – the elderly, people with chronic illnesses, children and so on. If possible, recipes should be designed to encourage more cooperation between children and parents.

Regarding the evaluation questionnaire, one respondent pointed out that the twelve behavioural items shown in the questionnaire were useful in improving FAMILY 3Hs, but were not clearly mentioned in the cookbook. This comment indicated that some items of the questionnaire needed to be modified to meet the purposes of evaluation.

Generally, on the design and content of the cookbook, comments from respondents were positive – it was nicely printed, readable and educational. Nonetheless, one respondent suggested that the questionnaire should be printed separately from the book if possible, since tearing it out destroyed the book's intactness. Another respondent also suggested providing an English version, to be distributed to a wider circle of people. It should be noted that those who sent back the questionnaires probably represented those who liked the book and were keen to help us improve.

5.2.2.5 Conclusions

The Happy Family Cookbook was one of the channels used for publicity and dissemination, developed not only to introduce a list of healthy recipes, but also to provide some practical tips for improving family communication and 3Hs. Feedback from readers was very positive, and they considered the contents helpful in improving family communication and 3Hs. Over 95% said they would apply the knowledge they had gained from the cookbook to their daily lives, and would recommend it to others. Valuable recommendations were received from respondents for future publication, with suggested improvements in distribution, content and design.

5.2.3 Practice manual

500 copies of a project practice manual, including detailed training materials, and evaluation models, were produced on July 7, 2011 and distributed to participants in the Practice Wisdom Forum, social service units, social workers and working partners to consolidate their project concepts and provide guidance for future programme design and implementation. Details of the practice manual's distribution are shown in Table 5.6.

Table 5.6 Distribution of the practice manual

Target population/organizations	Number of copies
Practice Wisdom Forum participants	145
Social Welfare Department social workers	55
Social service units	102
HKJC	5
HKU	30
Author (United Christian Nethersole Community Health Service)	20
In stock, spare copies	143
Total	500

5.2.4 Media coverage

A variety of media had featured on the project, including the radio, the television, newspapers, magazines and online media (Table 5.7).

Table 5.7 Media coverage on the Happy Family Kitchen project

	Date	Channel	Programme/Section
Radio			
1	19/12/2010	CR2	同途有心人
2	17/1/2011	RTHK Radio 5	笑容從家開始
3	1/2/2011	RTHK Radio 5	生活存關愛
4	8/2/2011	RTHK Radio 5	生活存關愛
5	15/2/2011	RTHK Radio 5	生活存關愛
6	22/2/2011	RTHK Radio 5	生活存關愛
7	9/2/2011	RTHK Radio 5	笑容從家開始
TV			
8	4/2/2011	HKBN BBTV	News channel
Newspaper			
9	12/1/2011	Headline Daily	Local news (P06)
10	30/1/2011	Apple Daily	Social service (E09)
11	13/2/2011	Apple Daily	Social service (E09)
12	20/2/2011	Apple Daily	Social Service (E09)
13	13/5/2011	Headline Daily	Supplement
14	14/5/2011	Economic Digest	Supplement
15	15/5/2011	Ming Pao	Supplement
16	18/5/2011	Headline Daily	Local news (P04)
Magazine			
17	31/12/2010	Capital Weekly #268	晉搜影 (P.122)
18	31/12/2010	East Week #383	名星匯 (Book B)
19	18/2/2011	Sudden Weekly #812	Parenting SW 134-135
20	June – Aug, 2011	Parents Magazine	/
Online			
21	23/12/2010	Wen Wei Web	即時香港

5.2.5 Celebrity video features

Videos of interviews of three local celebrities, Mr. Stephen Ip, Mr. Jerry Lamb and Mr. Craig Au Yeung were produced at the end of August 2011, for promotion of the next project (Happy Family Kitchen II) in Tsuen Wan and Kwai Tsing districts.

5.2.6 Souvenirs

1,200 aprons were distributed to the participating units for their community programme participants as souvenirs. Environmental shopping bags and dining gift sets were also distributed to participants of the launching event. Besides, three sponsors (Table 5.8) supported the project by providing gifts for the launching event and community programmes.

Table 5.8 Sponsored souvenirs distributed in the project

Company	Gift	Quantity
Evergreen Oils & Fats Ltd	Oil	2,000 bottles
Tung Chun Soy Sauce & Canned Food Co Ltd	Soy sauce	1,008 bottles
Amoy Food Ltd	Gift pack	6 packs

5.3 CONFERENCE PRESENTATIONS

At the annual meeting of the Hong Kong College of Community Medicine on November 27, 2011, Prof. Sophia Chan, the project's principal investigator (till October 31, 2012), gave an oral presentation to introduce the Happy Family Kitchen project and report the preliminary findings to the audience.

CHAPTER 6

PROJECT DISCUSSION AND CONCLUSIONS

6.1 OVERALL PROJECT DISCUSSION AND CONCLUSIONS

The Happy Family Kitchen project was the first CBPR on brief positive psychology interventions in Hong Kong to focus on FAMILY Health, Happiness and Harmony (3Hs) in close partnership with many social workers from many social service organizations. Starting with a needs assessment, finishing up with a Practice Wisdom Forum and running from September 2010 to November 2011, the project demonstrated that the CBPR approach provided an effective way to engage public health researchers and social service providers, other major stakeholders and ordinary Hong Kong citizens in an active partnership in this project. It engaged the community and generated evidence for an effective practice model of project planning, development, implementation and dissemination. Given the minimum approach adopted in this project, the effect size was expectedly small but the cost was low.

In its gestation stage, the project explored the needs of family communication in Yuen Long. The needs assessment found that the project's idea of family cooking and having meals together was welcomed by the community's social workers and residents. The many kinds of activities could instill positive attitudes and better communication skills. The professional training given to the workers not only improved their knowledge, skills and attitudes in positive psychology, but also enhanced their competence and motivation in implementing the positive psychology intervention themes in the programmes. They also showed a strong willingness to share their learning with other social workers during the Train-the-trainers programme. The great efforts of the participating organizations' instructors and organizers and the deep collaboration among academics from The University of Hong Kong, professional experts from The Hong Kong Council of Social Service and the United Christian Nethersole Community Health Service led to the successful implementation of the Train-the-trainers programme. The launching ceremony served as a platform to disseminate the Happy Family Kitchen project to the residents and also generated information on the FAMILY 3Hs status of the public. The ceremony successfully raised awareness of the project among the public and stakeholders, and emphasised on the importance of positive family communication in enhancing FAMILY 3Hs.

In the programme implementation stage, a variety of community intervention activities (low cost, two sessions plus booster) were designed by 23 social service units under the theme of "Happy Dining and Cooking", each activity belonging to one of the five intervention themes derived from positive psychology. The results showed the effectiveness, with mostly and expectedly small effect size, in improving both family communication and FAMILY 3Hs, but some barriers still existed in practice. Participants appreciated that the programmes provided valuable opportunities for their families to gather and learn more communication skills to improve their FAMILY Health, Happiness and Harmony. However, there were many challenges in the implementation of community programmes, especially in subject recruitment and maintaining proper research rigor during data collection. The process evaluation suggested that the community programmes were well received by the participating families but that programme fidelity was highly dependent on the social workers' level of understanding of their selected intervention theme and the mindset needed to provide good quality services according to the agreed design. Generally, the project was an effective demonstration of how the CBPR delivery model can be applied to allow for systematic evaluation in diverse social service settings with different participants.

The results from the qualitative study also supported the findings of the quantitative approach. The former was effective in showing improved family communication regardless of the theme applied. In combination, both approaches revealed varied levels of project effectiveness. The intervention outcomes of different themes all showed positive effects on behaviour changes and FAMILY 3Hs. Moreover, several challenges to family communication arose from the focus group discussions, indicating a need to attract and recruit passive family members, particular the fathers, in future campaigns on FAMILY 3Hs. The maintenance of a balance between research rigor and real practice, like the length and level of comprehension of the questionnaires, is needed for future project planning. Social workers reflected that barriers in programme implementation were mainly created by limitations in the project's short timescale, as well as by the gap between research requirements and actual practice. Further communication (and compromise) should be enhanced among academics, service providers and the coordinating units. At the community level, stakeholders agreed that the Happy Family Kitchen was an innovative project in the field of social service. The ideas of using an ordinary and welcome topic, family cooking, a cluster of social service units working on one intervention theme, evidence-based interventions and evidence-generating assessments and a brief programme with a few sessions were all new experiences for many social service units. The implications of such programme design, if effective and cost effective, could be far reaching. However, again, doubts over evidence-based and evidence-generating projects and minimum approach programmes have to be further discussed, improved and tested. This present successful test of feasibility and effectiveness is only the first step for such a large CBPR project, and development and promotion of more innovative programmes and with vigorous evaluation with a control group if feasible, is a great challenge ahead of us.

In the consolidation stage, the Practice Wisdom Forum provided a learning platform for service workers and professionals to share their knowledge and experiences in applying positive psychology and evidence-based and evidence-generating practice to community-based participatory programmes through active discussion. The forum successfully disseminated the preliminary findings from the Happy Family Kitchen project in Yuen Long to the target audiences, and valuable recommendations were provided for improvements in future projects. Feedback from participants suggested that they were generally satisfied with the forum's performance. However, a few respondents were still uncertain on how to implement the concepts of positive psychology and evidence-based practice in their future programme design. Further communication with community members and professional training and capacity building are needed for future projects.

Publicity not only increased the project's popularity, but also played an important role in recruiting participants and disseminating information and knowledge. Throughout the whole project, several kinds of publicity activities were organized to promote and disseminate project information to the general public. The popular Happy Family Cookbook was one of the new media channels used for publicity, and was developed not only to introduce healthy recipes but also to provide some basic principles of positive psychology and practical tips for readers to enhance FAMILY 3Hs. The feedback was highly positive in that respondents found the cookbook's suggestions helpful in enhancing family communication, and they were willing to apply the knowledge from the cookbook and recommend it to others. This valuable feedback was useful for future project publicity planning.

In summary, this project was an innovative large-scale CBPR programme, with both scientific and social service and policy implications. Effective feedback and outcomes confirmed the successful implementation of the project, and suggested further improvements in the design and implementation of such CBPR projects in the future. Based on such valuable experiences, Happy Family Kitchen II was launched in February 2012.

6.2 STRENGTHS AND LIMITATIONS

6.2.1 Strengths

The Happy Family Kitchen project was the first large-scale, community-based participatory research project to improve family communication and 3Hs in Hong Kong. The design of the intervention studies was informed by theories and models and evidence drawn from a number of disciplines and models and local experiences and the literature, including positive psychology, health promotion and family communication. This CBPR project involved deeply both academic public health and related researchers and social service organizations with shared values of interdisciplinary collaboration, cultural responsiveness, evidence-based practice and advocacy. Collaboration with the community through a CBPR framework allows for the practical development of culturally appropriate measurement instruments, feasible data collection procedures and better data interpretation [46-47]. The project creatively and comprehensively developed a series of questionnaires, process evaluation and assessment procedures that fulfilled CBPR requirements, and was successfully applied in a Hong Kong relatively deprived community. The results have provided reliable evidence for policy makers, funders and community leaders not only at the individual level, but also at family, community and government levels. Its success has led quickly to further funding, deeper collaboration and wider involvement of 23 service units and 8 schools in a second improved version, Happy Family Kitchen II in two other districts (Tsuen Wan and Kwai Tsing).

6.2.2 Limitations

6.2.2.1 Project design

This was the first time we used a CBPR approach, and the most obvious limitation was very short time schedule and the less than ideal quality control processes during the whole project. Since collaboration with social service organizations, stakeholders, social workers and other community members is a key characteristic of the CBPR approach, the lack of a scientific academic research background and infrastructure among these groups constituted a persistent problem, and how to ensure high research quality is the first challenge to academic researchers. Furthermore, the specific interventions with each theme group were developed by different service units and the methods of delivery accordingly varied considerably. Data quality could be affected, assessment of individual service unit's intervention was difficult and the sample size per participating unit was small. The main design was pre-intervention, post-intervention, and mid-term follow-up with no control group. Because standard individual Randomized Controlled Trial was not feasible in the project, the strength of the evidence might be limited. Although pre- and post-test differences could be due to extraneous factors, these were unlikely to be a major problem as the duration of the project was not too long, and there were no major extraneous events in the community during the same time.

6.2.2.2 Selection bias and representativeness

According to the principles of the CBPR approach and to ensure project feasibility, the recruitment of participants was carried out by the participating service units themselves. Based on the service target population, there were five types of service units in our project, respectively concerned with the elderly, the rehabilitated persons, families, children and teenagers, and more nonspecific groups in community development centres. There were significant differences among participants by service unit types in family communication, family health and happiness scores at baseline. Service units might have recruited residents more easily accessed in the community, since convenience rather than randomized sampling would inevitably produce some selection or volunteer bias. The representativeness of the samples could be limited. Because those who agreed to participate could be those who were more willing to improve or change, the interventions might not be equally effective on others who are less forthcoming.

6.2.2.3 Response bias

As noted in Chapter 4, there was high rate of withdrawal at the booster session and at 12 weeks after intervention, and also in failing to complete all assessments. Those who no longer attended the programme or did not complete the questionnaires, might have different family communication and 3Hs status, producing a non-response bias. It is necessary to keep a relatively high and acceptable response rate during the whole programme to reduce such bias. How to improve the response rate during such community-based intervention programmes with follow-up assessments is an important challenge in future projects. Reducing the burden of questionnaire completion could improve response rate but this will reduce the amount of information gathered. Increasing the incentives might help somewhat.

6.3 PROJECT IMPLICATIONS AND SUGGESTIONS FOR FUTURE PLANNING

As a special research design and in its first application to a Hong Kong population, the Happy Family Kitchen project has provided constructive evidence for improving FAMILY Health, Happiness and Harmony. At the individual level, family participants showed positive thinking and behaviour and a coping style which could be applied in their daily lives. The effect, though small, did sustain 3 months after intervention. Such follow-up is not yet a routine practice in the social service settings. Frontline social workers received professional training and conducted positive psychology intervention programmes for families in the community. At the family level, family members acquired the knowledge and skills of positive communication through the intervention activities, which led to an improvement in family communication and relationships. At the community level, the Happy Family Kitchen project and the concept and value of FAMILY Health, Happiness and Harmony were well publicized through a series of publicity activities, which should have increased public awareness of the positive value of family communication.

The FAMILY Project advocates and implements the concept of "best science, best practice" which can increase the strength and effectiveness of social services. It is recommended that social services workers and organizations should integrate best science into their existing or new programmes, in order to implement the programmes more effectively, achieve positive outcomes, and ensure sustainability and generating good evidence for continuous improvements.

CBPR projects can also guide social service organizations towards programme planning together with academic partners to design and test new service model, and show how the collaboration of social service organizations can better promote community-based activities. Coordination in the community can be handled effectively at the district level by the District Social Welfare Offices. The minimal approach used in the service mode built up by this project needs further development and vigorous testing to improve cost effectiveness and to attract and benefit more people. Better communication among working partners and exploration of the supporting social networks would be beneficial to future projects. The experiences and evidence should be useful to support the government in future family policy planning and more resources are needed for district planning, preventive programme development and evidence-based and evidence-generating practices, especially in more deprived communities and for those of low socio-economic status and are not forthcoming.

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"EVALUATION ON HAPPY FAMILY KITCHEN I PROJECT" ASSESSMENT QUESTIONNAIRE

You are cordially invited to sparse around 5-8 minutes to complete the "Evaluation on Happy Family Kitchen I Project" assessment questionnaire.

Method of return:

Please cut off the questionnaire along the dotted line after completion, fold and seal it with glue and return the questionnaire by mail. No postage stamp is needed.

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"EVALUATION ON HAPPY FAMILY KITCHEN I PROJECT" ASSESSMENT QUESTIONNAIRE

Note: Data collected in this questionnaire are only for academic research and statistical analysis. All personal information will be kept strictly confidential.

Please put a "✓" to the most suitable answer(s) you considered.

1. Where did you get this "Evaluation on Happy Family Kitchen I Project"?
   ① Project's participating organization ② The Hong Kong Jockey Club ③ District Council
   ④ Library ⑤ Community organization ⑥ Social service organization
   ⑦ Others, please specify: _____

2. Why did you get this "Evaluation on Happy Family Kitchen I Project"? (can select more than one option)
   ① Free of charge ② Attractiveness of content ③ Content meets my needs
   ④ Related to my work, can be used as a reference ⑤ Participated in FAMILY Project
   ⑥ Want to explore the practice wisdom in this project ⑦ No reason
   ⑧ Others, please specify: _____

3. **At the time when you fill in this questionnaire**, how much content of "Evaluation on Happy Family Kitchen I Project" have you read?
   ① Not at all (0%) ② Less than half (0%-49%) ③ Half (50%)
   ④ About three quarters (75%) ⑤ More than three quarters (76%-99%) ⑥ All (100%)

4. If you have not finished reading the "Evaluation on Happy Family Kitchen I Project" yet, will you continue to read it?
   ① Yes, please explain: _____
   ② No, please explain: _____

5. Do you think the content of this "Evaluation on Happy Family Kitchen I Project" practical?
   ① Very practical ② Practical ③ Neutral
   ④ Not very practical ⑤ Not practical at all

6. Do you think this "Evaluation on Happy Family Kitchen I Project" can fulfill the following objectives?
   (Score 0 represents very incapable, score 10 represents very capable)

   a. Help readers know how to effectively design, implement and evaluate a community-based intervention project

0	1	2	3	4	5	6	7	8	9	10
Very incapable					Average					Very capable

   b. Deepen readers' understanding of the scientific rationale and model (Public health approach & Evidence-based and evidence generating [EBEG]) of this project

0	1	2	3	4	5	6	7	8	9	10
Very incapable					Average					Very capable

   c. Inspire readers to apply FAMILY 3Hs (Health, Happiness and Harmony) in their future project planning agenda

0	1	2	3	4	5	6	7	8	9	10
Very incapable					Average					Very capable

   d. Inspire readers to incorporating CBP & EBEG model and scientific evaluation into their future community-based activities

0	1	2	3	4	5	6	7	8	9	10
Very incapable					Average					Very capable

7. Which part of the "Evaluation on Happy Family Kitchen I Project" do you feel satisfied the most? (can select more than one option)
   ① Introduction of Community-based Participatory (CBP) model
   ② Introduction of Evidence-based and evidence generating (EBEG) model
   ③ Evidence-based research — scientific evaluation for programmes
   ④ Impact of the community-based intervention programmes
   ⑤ Future suggestions and recommendations in different level of audiences
   ⑥ None
   ⑦ Others, please specify: _____

8. Do you have any plan to apply suggestions from this "Evaluation on Happy Family Kitchen I Project" to design family activities? If yes, when will you intent to apply the suggestions?
   ① Not intend to do so, please specify reason(s):

   _____

   ② Within one month, please specify which suggestion(s) you will adopt:

   _____

   ③ Beyond one month but within half year, please specify which suggestion(s) you will adopt:

   _____

   ④ Beyond half year but within one year, please specify which suggestion(s) you will adopt:

   _____

   ⑤ Intent to, but not sure about the time, please specify which suggestion(s) you will adopt:

   _____

9. After reading "Evaluation on Happy Family Kitchen I Project", what is your biggest acquisition? Do you have any other opinions?

   _____

   _____

10. Will you recommend this "Evaluation on Happy Family Kitchen I Project" to others? And whom?
    ① Yes, my colleagues
    ② Yes, my friends
    ③ Yes, my organization
    ④ Yes, other community stakeholders
    ⑤ No, I will not recommend to others
    ⑥ Others, please specify: _____

11. Gender:
    ① Male ② Female

12. Age:
    ① <18 years old ② 18-24 years old ③ 25-34 years old
    ④ 35-44 years old ⑤ 45-54 years old ⑥ 55-64 years old
    ⑦ 65 years old or above

13. Education level:
    ① Primary ② Secondary 1-3 ③ Secondary 4-5
    ④ Matriculated (Secondary 6-7) ⑤ Non-degree tertiary ⑥ Degree tertiary or above

14. Are you a registered social worker? ① Yes ② No

15. If yes, how long have you been working in the social service profession: _____ year(s)

16. If you are working in the social service profession, the target group(s) of your organization is/are: (can select more than one option)
    ① Resident ② Family ③ Adolescents
    ④ Women ⑤ Children & Teenagers ⑥ Elderly
    ⑦ Mentally handicapped ⑧ Disabled ⑨ Mentally rehabilitated
    ⑩ New arrivals ⑪ Ethnic minority ⑫ Others: _____

17. Are you a community stakeholder/leader? ① Yes ② No

18. How long have you been working for the community: _____ year(s)

19. If you are working for the community, your service target group(s) is/are: (can select more than one option)
    ① Resident ② Family ③ Adolescents
    ④ Women ⑤ Children & Teenagers ⑥ Elderly
    ⑦ Mentally handicapped ⑧ Disabled ⑨ Mentally rehabilitated
    ⑩ New arrivals ⑪ Ethnic minority ⑫ Others: _____

FAMILY Project aims to promote FAMILY 3Hs (Health, Happiness and Harmony), if you are willing to receive information from our project, please write down your contact information as follow:

Name: _____

Phone: _____

Email: _____

Address: _____

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